

Tamara Landau

The Impossible Birth
or
The Enclaved Child



Phobias and Anxiety Neuroses

mnemoArt
ÉDITIONS

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Website: www.tamara-landau.net

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MnemoArt Editions
8 square Châtillon
75014 Paris
France
mnemoart.org/editions
editions@mnemoart.org

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Foreward

I was born stateless in Italy, of parents of Hungarian origin from Transylvania, survivors of the Shoah. Since my birth, I have been their psychoanalyst and their interpreter.

Immersed in a sonorous Babel of languages that were not addressed to me,

Hungarian, Rumanian, Yiddish, German and Hebrew,

I constructed myself in the margins of the privative alphas that enamel my forenames,

Coiled up in the sensual warmth of Italian, my adopted language.

Already as a little girl, I wore myself out trying to teach this language to my mother.

My dream as a child, when I talked to myself in all these languages in front of the mirror,

Aping gestures, but above all searching for someone to speak to,

Was to invent a language that would at least be European.

I have battled all my life, sustained by this desire,

And am left, by way of a vestige, with a very mixed accent.

I consider myself today as a polyglot artisan-psychoanalyst:

I have learnt my trade with the seniors of psychoanalysis of different languages,

And position myself, in my ordinary practice, on the side of women and the naïve.

I am neither a scholar nor a scientist, and I proceed intuitively,

Trying to hear, to 'see' with my eyes, and to continue to think.

Putting my thoughts into writing has been an ordeal for me.

To do this, I first had to work on stone with my hands, using a scalpel and chisel.

I dared to cut into the 'original rock' of primitive castration,

To formulate the unthinkable about the primordial Mother,

And to imagine the inhuman reality of procreation.

Introduction

For years, I had been faced with therapeutic impasses marked by an interruption or extension of the length of the treatments, with patients suffering from serious neuroses characterised by a very marked denial of the body. I had to find answers. They began to emerge when the treatments of bulimic female analysands enabled me to apprehend the phenomenon of the negation of the body in terms of archaic difficulties connected with survival. From then on, my research took off and has continually been enriched by clinical elements and new experiences. Psychoanalytic work with artists and a very fruitful collaboration with a female choreographer and women sculptors helped me to understand these unconscious phantasies, leading me gradually to elaborate the archaic issues underlying all the forms of pathology envisaged by Freudian psychoanalysis: psychoses, neuroses and perversions. As a result, I was forced to transform my listening to a considerable extent, sometimes modifying the frame of the treatment, to the point that I wondered if the difficulties observed in the conduct and termination of analyses did not stem precisely from a failure to take this archaic dimension into account. So I would like to invite the reader to follow my elaboration of this experience in which, as one may sense, the reality of analytic experience is closely bound up with the obligation that each practitioner inherits to forge his or her own personal theory of analysis, while at the same time going more deeply into, or lifting, certain misunderstandings – or even censorships – of the existing theory.

I. *Clinical Elements*

Fantasies expressed by scriptwriter/actor analysands will provide an outline of the unconscious issues that I am going to elaborate throughout this book. Since Freud's formulation of the 'Other scene', we know just how much the elucidation of the psychoanalytic treatment can gain from drawing on the world of theatre. Like the author, the analysand is obliged by beginning the 'speaking treatment' to compose the text of which he will be in turn the actor, the director, and the coach.¹

At a certain moment in their treatment, these scriptwriter analysands often express, the wish to write a play in which they will have a role that is tailor-made for them. They communicate their intention, but they are prevented from realising this project by the emergence of death-anxiety at the idea of embodying their own character: they can only complete the play on the condition that they choose an actor to interpret their role, for whom they will simply be the *coach*. But while the actor really makes the character live for the spectators without there being any danger of dying, the analysand, on the other hand, hidden in the prompt box, only feels he really exists via his voice, and through the gaze of the director, who, seated in the orchestra, directs the proceedings (i.e. the gaze of the analyst who is supposed to 'see' in advance his unconscious intentions and know everything about his desire). The analysand can only become involved in the 'representation' of which he is the unique project manager by delegating his place to an other, a radically foreign double who has the task of playing his own role in the theatre of the 'I' (*Je*).

This metaphor expresses effectively the problem of surviving in clandestinity which faces these analysands, who are confronted with the impossibility of feeling really alive. Forced to create their history themselves and to inscribe their experience within a chronology, time, and space that are at once imaginary and real, comparable to those of the theatre, they feel the ground slipping from under their feet, plunging them into a state of

death-anxiety. This anxiety reveals the underlying fantasy that to feel one exists, to show that one is alive, and *to expose oneself to the gaze of others is deadly*. So they are condemned to a state of non-existence, of clandestine survival, in which both their desire and their living body are hidden in the prompt box. This fantasy of not really existing, of being invisible, 'bodiless', of being pure voice, is accompanied by guilt for being alive – even for patients who were wanted children.

The obvious nature of such a split between the read or spoken text and the sensations felt, but also between their origin, their history and their sense of existing, appeared in analysands who had been abandoned or whose parents had been abandoned. The statement 'I didn't have any parents', is to be understood literally: they are convinced they were self-procreated in a nameless country, in a year zero. The negation of the origin and succession of generations, linked with the fantasy of self-procreation, is accompanied by a fantasy of a fusional body and a destructive drive: the primordial other² must be killed if I am to survive. This fantasy is frequently expressed by bulimic patients with the words 'I eat to kill my mother', and it configures a fusional tie between mother and child in which separation is unimaginable. It can be characterised as *one life for two, one body for two*.

These analysands, whose particular difficulties I am outlining, had one trait in common: their life was marked by a sort of clandestinity. Living in someone's shadow, diluting oneself in the other's desire, holding an important job without leaving any trace – hidden, for example, under a pseudonym – are some of the manifestations of this *life for two*. All of them felt incapable of feeling they really existed when alone,³ a fusional tie was necessary. They needed to feel at all times the gaze and the emotional and sensory experience of another person in order to feel they really existed; in other words, they had to *include themselves in the perceptions of this other*. This mirror-perception of the self reveals their fantasy of being invisible and transparent, and throws light on the uncanny sensation they

have in front of their image in a mirror, or even the impression (even in men) they have of seeing their mother's face in it. This fantasy of invisibility also throws light on the sense of unease they feel when looking at photos or video images of themselves, as well as their recurrent slips of the tongue – such as 'when I carried my mother in my arms' – when looking at photos or films showing them as babies in their mother's arms. This incapacity to see themselves and to recognize themselves implies *de facto* the impossibility of being seen: most of them, in fact, complained about being jostled in the street or about not being greeted by their acquaintances. This transparency is tangible in anorexic patients whose thinness is often not noticed by their parents.

At the symbolic level as well, the insistent occurrence of slips of the tongue in pregnant analysands, such as 'my mother' instead of 'my grandmother', 'my father' for 'my grandfather', or 'I died when I was 4 years old', 'I was born when I was 20, or again 'I'm going to be born in...' emphasizes an erasure and inversion of the time of generations and of the perception of their own bodies. The impossibility of representing themselves and the dispossession of their most intimate experience is accompanied by a highly acute perception of the other in whom they seem to dilute themselves.

These analysands show how they feel compelled to make themselves really exist at all times to avoid the danger that an instant of self-forgetting might make them disappear or die at the first occasion, as a result of swallowing food down the wrong way, for instance, or by forgetting to swallow. The act of recreating themselves at each instant constitutes the only guarantee of possible survival, at a very archaic level, as if they were confronted constantly with an impossible birth.

This stems from their body perception, which is wholly dependent on the point of view of another person, i.e. the mother, and which at best only be shared with her. What the mother does not see, does not feel and does not name, *does not*

exist. Any attempt at individuation is felt to be threatening, susceptible of leading to annihilation or madness.

Just when I thought that a certain number of analysands were nearing the end of their analysis, I found myself faced with the sudden emergence of negative transferences expressing at best disappointment, and at worst destructive wishes and death wishes towards me. A hitherto contained violence would erupt, often through dreams of deflagration. They provoked in my patients strong relapses into symptoms of anxiety, impulsion phobias or depressions, which left me perplexed in so far as this violence seemed to pertain to another register than the hatred that is commonly experienced at the end of an analysis and which is a desirable prelude to the resolution of the transference.

The threatening character of these manifestations of violence quite clearly involved an attempt to destroy both the analysand and myself, connected with issues of an impossible separation. This process seemed to me to be different from death, in the sense that this separation can only be experienced as a disappearance, an explosion of the Subject leaving no trace, to the point of raising the very question of his existence. In other words, separating implied destruction and disappearance: the analysands and myself were annihilated in turn.

In this sense, the separation at the end of the analysis entailed not only the disappearance of the protagonists, but also the suppression of what had been experienced during the treatment: 'I am like I was before, nothing has happened'. This *zapping* manoeuvre, as it were, makes it necessary to pose the question of memory, transference and construction in psychoanalytic work differently.

Architect analysands, working on the memory and reconstruction of towns that have completely disappeared during a war or natural catastrophe, showed me the way forward. Their difficult task consists in rebuilding ancient towns without having access to any ruins, and *even less* to any kind of photographic document. They function *ex novo*, as if

no temporal continuity existed between the sparse traces of remains and the current reconstruction.

Having taken stock of these marked disturbances in relating to others, in ordinary life and in the analytic relationship, and by taking into account very seriously not only the phenomenon of the *reversal of the time of generations and the perception of the subject's own body*, which showed through in the analysands' slips of the tongue, but also the *inversion of the image perceived* in the mirror between the Subject and his own mother, I was led to develop the schema of the inverted (or upside down) tree.

II. *The Schema of the Inverted Tree and the Enclaved Child*

The clinical elements express the difficulty these patients have of inscribing themselves in the time of their lived experience and of feeling they are actually alive. From listening to them, one gets the impression that their parents looked at them as if they were mirrors or photos of themselves and only saw in them their own emotional, sensory and affective experiences. In short, they were seen as internal objects, that is, as persons with the same sensory space, and not as external objects with a different sensory space. All these testimonies tend to show that *these patients inhabit the bodily, sensory and emotional space, as well as the time, of their parents.*

These analysands' difficulty in feeling they really exist without needing a fusional relationship put me on the tracks of a fantasy and a concept which I propose to elaborate and examine in this book. This impression of never having really been *seen* by the parents suggested that they had remained *fixed* in their unconscious psychic and bodily space. Obsessed by the fantasy of being buried, of having escaped a murder, they lived like guilty, invisible survivors, outside time and outside history, prey to a fantasy of self-procreation. Now this unconscious fantasy, which supposes a denial of origins and, as I have said, an inversion of the image and perception of the subject's own

body – which is noticeable in the different slips of the tongue – is often materialised in the form of an inverted tree,⁴ which some patients drew spontaneously during their treatment. The Subject himself occupies the place of a generational tree trunk which is at once his body, his mother's, and his grandmother's. The grandmother's branches, 'in full daylight', become the roots of the Subject himself, who, plunged beneath the ground 'in darkness', feeds his mother's sap and sense of existing.

The unconscious experience of a fusional bodily and psychic space anchored in the fantasies and the time of the experience of the maternal grandmother and the mother is, it seems to me, the most archaic of the fantasies connected with the transmission of life. By isolating it, by giving it the status of *primal fantasy*, I had the following intuition: the child's self-perception and sense of really existing are formed in the mother's self-perception and sense of really existing, in such a way that, if she herself has not acquired the sense that she really exists separately from her own mother, the conditions are ripe for the fixation in the child of the primal fantasy of the inverted tree.

A hypothesis follows on from this that has never been put forward in the analytic literature, including those authors who have been most preoccupied with the mother/infant relationship and by the effects of primal states of mind in the origin of mental illnesses: in all the pathologies, subsequent to a fixation to the fantasy of the inverted tree, the Subject unconsciously experiences his body as if it still 'belonged' to his mother, or better, as if it were still enclaved⁵ in his mother's body and experienced by the latter as still being present inside herself. The mother, who in turn occupies unconsciously her own mother's bodily space, experiences her child's birth as if it were her own, in such a way that she 'takes root' thanks to and through her child. The inversion of the time and the course of history which follows is what constitutes the schema of the inverted tree: an isolated system of primitive entropy, outside time and indestructible. What I am speaking about, then, is indeed an inversion of the time of the unconscious experience

of the mother who fixes the child in the lived experience of his grandmother.

As for the child, the process unfolds as follows: to survive, he is obliged to live unconsciously like a parasite off his mother's bodily space, and grows up hidden underground – *the more I live, the more I bury myself*, many patients say – in a state of oblivion and solitude, a stranger to his own family and to himself. Feeling guilty for surviving, he cannot cut the roots of this inverted tree without the risk of bringing about both his own death and his mother's. He lives in the past and the future, cut off from his 'present', forgotten in the mother's unconscious space and enclaved in the grandmother's time and lived experience.

I came upon the concepts of enclave and inverted tree with the help of drawings and sculptures. Patients and artists not only helped me further my understanding but, thanks to their productions, they also shared in the elaboration of this book.⁶ Indeed, it was owing to their plastic representations that I was able to get a clear idea of the archaic fantasies present in the schema of the inverted tree – fantasies that are now inexpressible because they have fallen under the yoke of primal repression.

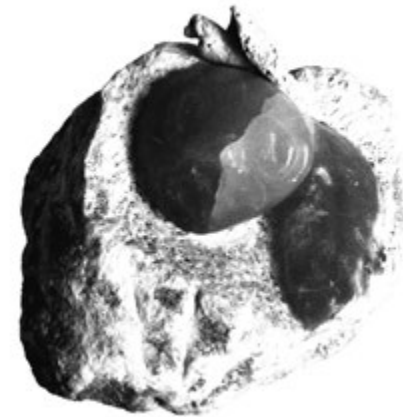
Throughout this book, we will see how the creative dimension of the analysand and the analyst can unfold during the treatment, when the analyst allows him/herself to be affected intimately by the transference.

In part one, I will consider the effects of the transference on the patients' and analyst's experience during the treatment. The reactivation, during certain sessions, of a *primordial* transference, linked to sensations experienced during intra-uterine life, led me to examine the transference from a phenomenological point of view. With this aim, I embarked on a research project with a choreographer. I have chosen to let, you, the reader, participate in this experience so as to familiarise you better with the different bodily experiences involved, as well as the terminology employed, which can also be found in a glossary at the end of the book.

In part two, which is more theoretical, I will attempt to retrace the ontogenesis of the inverted tree in the child. This ontogenesis already begins in intra-uterine life, a phase that will be designated as primordial trace, and which continues for three years following the child's birth, a phase denoted as a the primary trace.

In part three, I will try to show how the permanence of the primordial transference and of the schema of the inverted tree in autism, neuroses and perversions can be identified.

To conclude, I will consider briefly on the resolution of the primordial transference and of the schema of the inverted tree in the final phases of treatments.



**“The silent cry of the enclaved child”
Sculpture in alabaster by Tamara Landau**

Part One

ON THE

TRANSFERENCE

CHAPTER 1
**TRANSFERENCE,
SELF-PERCEPTION, AND
THE SENSE OF EXISTING**

To convey their profound discontent and to express the state of being absent to themselves, many analysands resort to metaphors that refer to the consistency and visibility of the body: 'completely liquefied', they are at once 'inconsistent and heavy', like 'a ball that deflates and disappears' or, on the contrary, 'transparent and rigid like glass'. They readily admit to having a general feeling of *vacuity*, which makes one think of the sudden emptying of a container, a shell, for example, or the erasure of edges or borders, as with a glove that is turned inside out. These metaphors reveal a fantasy of a two-dimensional body, the inside and outside of which are reversible.

My clinical experience with bulimic women has allowed me to gather bodily impressions of this sort which can be grouped together under the general heading of 'ghost-like' experiences: these patients, too, have the impression of being inconsistent and transparent, of feeling light in a heavy body that is unrecognizable in the mirror, *hidden in a fat body which they attribute to their mother*. Most of them describe themselves as being driven by uncontrollable impulses and actions that do not belong to them: for instance, referring to the arm that stuffs them with food, they might say, *it's not my arm, it's my mother's*. One can see, then, that by gorging themselves with food, they

are trying to cram this body full.⁷ Often, these patients do not feel their lower body belongs to them.

Émile, who was 17, was brought to me for therapy by his mother because for years he had been refusing to have his hair cut and to change his jeans. After several years of analysis, he explained to me that he wore two other pairs of jeans underneath. It took me some time to understand that, far from being a ploy to mask his thinness, the reason he did this was because he saw himself as slightly elevated, rather like Italo Calvino's⁸ (1959) 'The Baron in the Trees', and was not really aware of the lower part of his body. Wrapped up in two pairs of jeans, he would touch the edges of the third pair on top and manage thereby to get a sense of his bodily limits. Such an absence of representation of the lower body is also accompanied by a denial of sexual difference, and reveals the underlying fantasy of being hermaphroditic, of having both genitals hidden (vagina, and penis sheltered in the vagina). This archaic fantasy creates both the feeling of having a monstrous body and anxiety about showing it, for choosing a sexual gender involves the risk of being 'cut in two' and of losing one's life. This was why Émilie was afraid of going to the hairdresser: seeing himself in the mirror and being subject to the gaze and art of the hairdresser, whom he experienced as a threatening paternal figure harking back to the Oedipus complex and the mirror stage, was to take the risk of being 'cut' and of dying, whereas the absence of a bodily image meant for him being able to survive and losing nothing. All this relates to the difficulty of inhabiting a sexual and living body, endowed with weight, volume, an inside, an outside, and an opaque envelope which makes it visible.

Such bodily experiences are reminiscent of the mirror behaviours and the disturbances of perception and equilibrium experienced by analysands during the sessions. Orthostatic disturbances, on abandoning the lying or sitting position, are a common occurrence, as are sometimes, in moments of intense anxiety, sensations of levitation on the couch or of dichotomization where the analysand looks down at himself

from above. These experiences are reminiscent of the experience of epileptic patients as they are about to topple over into the 'absence' of a comitial crisis. At the beginning of an analysis, some patients, like small children, see their analyst as a giant. At the end of an analysis some reveal retroactively significant disturbances in self-perception that have been passed over in silence during the analysis. I thus learnt from a patient of mixed race that she had seen herself as white during her whole treatment; from a visibly pregnant woman that she denied her pregnancy; and, from an analysand who had finally got rid of an invasive psoriasis, that he nonetheless continued to see himself as marked by it. Likewise, a female patient only became aware of her Asiatic traits at the end of her analysis, after she had been asked a question during a dinner about Debre's⁹ immigration laws – it was only then that we were able to discover and explore together the family secret concerning a grandmother who had 'sinned'. The blocking out of a part of her history made this aspect of her specular image imperceptible to her, even though it was charged with meaning, as well as the Asiatic traits of her own daughters.

So by questioning my patients about their bodily image, I was able to detect certain disturbances of self-perception that had gone unnoticed during the courant narrative of the analyses – such as the 'invisibility of the traits of my Asiatic patient – and, beyond that, to understand that most of them only recognized themselves in the mirror at the price of an impression of 'uncanniness', as if there was someone hiding behind the mirror. It was these specular elements of clinical practice that led me to consider these analysands as the 'lost ones' of the body. By paying more attention to their dreams I could see their evolution during the course of the analysis. None of the dreams brought at the beginning of a treatment represented the dreamer, who often only existed behind the camera, or as 'voice off', whereas towards the end of the analysis the patient could see the traits of his face in his dreams.

That is not all. These perceptual disorders are accompanied by a weakening of the sense of existing personally. Some patients say they feel a sense of panic when faced with any situation that takes them by surprise: they feel overwhelmed by an unforeseen emotion that is capable of breaking their *continuity of being*. Such situations, characterised by an 'emptiness of thought' and an overly strong emotional and instinctual charge, leaves them incapable of pursuing any action they have undertaken. A sort of discordance, or rift, is established between their self-perception and their sense of really existing personally.

These clinical observations have highlighted the fact that very intense transferences brought about significant modifications in my listening and my presence during the session. With such patients suffering from serious neuroses, I found myself cornered into a position of extreme listening that was anything but 'floating'. It had the disadvantage of making patients very dependent on me. After a few sessions, I felt completely emptied and came out of them as if I had been in an actual fight, aching all over as much as if I had actually carried someone. These patients solicited even greater attention from me than is required by infants. Such a degree of attention is no doubt similar to that of a pregnant woman who, after the foetus has been immobile for a while, is on the watch for the slightest movement to reassure herself that it is still alive. I felt obliged to maintain sustained attention, so as not to provoke sadness in my analysands (for fear of not being sufficiently interesting), or quite simply anger. The intensity of this rapport was such that the sound of the telephone ringing was sufficient interruption to freeze them in a suspended time, a breach brutally opened up in the fluidity of their thought processes.

Nailed to my chair, I made it my duty not to miss a word, not so much in order to grasp the slightest opportunity of capturing its polysemy through the 'plays of the signifier' as to glean everything that went with it: breathing, vocal modulations, bodily rhythms accompanying the silences, and so on. The intensity of my attention by no means escaped

my analysands' notice, who did not fail to make the remark: 'I'm experiencing you like lead'. This bodily presence could, however, turn into a strange lightness, or even a sensation of timelessness: my paralysis and my concentrated attention on their movements then propelled me into a presence outside time which was also noticed by my analysands who sometimes felt the need to reassure themselves of my presence by asking, 'Are you still there?'

Conversely, when diverse circumstances rendered my attention more floating and my bodily presence less heavy, the patients' anxiety became tangible again, also assuming bodily forms. They said that they had the impression of 'lying on an unsteady surface', or they brought dreams of free falling, or of levitation. They often described these frightening sensations as being similar to those experienced by astronauts when spacewalking if the cable connecting them to the spacecraft has just broken. These patients also experience such anxieties of free falling if they move from the sitting position to the couch, sensations they compare to infantile fears of falling and of disappearing down the toilet hole.

The lesson to be drawn from these variations in my position – my posture – of analyst was obvious: the moment my attention flagged, it became impossible for them to continue to think and to imagine that they existed. Their sense of existing personally during the session depended on my attention and on a strong transference rapport.

These experiences were determining. The insistent nature of this mode of transference rapport, associated with these strange bodily experiences, led me to try and understand why it was difficult for these analysands to exist independently of the gaze and fusional relationship with another person; in other words, why they had remained frozen, fixed in an archaic mode of relating. Before getting into the theoretical aspect of this, I want to present the work undertaken with a choreographer familiar with simulations of weightless flight.¹⁰ This experience, it seemed to me, would allow me to understand better the

bodily experiences of weightlessness observed on the couch and in the armchair, and their relation to the transference. The disconcerting aspect of this approach should in no way be off-putting for the reader who is more familiar with the concepts of psychoanalysis. But the reader may, of course, side-step the obstacle and join me later, with a lighter heart, for Kitsou Dubois' dance course.

I. Transference, Self-Perception and Sense of Existing

I. CONSTRUCTING THE 'ABSTRACT BODY' AND THE 'SPACE-TIME' OF THE BODY THROUGH AN EXPERIENCE OF DANCE WITH KITSOU DUBOIS

As a dancer, choreographer and researcher in Arts and Sciences, Kitsou Dubois took part in research into the application of dance techniques to training in weightless flight.¹¹ Belonging to the tradition of New Dance, she also works together with specialists in the neurosciences. Her research work into the space-time modalities of dance in environments as varied as water, air or weightlessness have been of invaluable help to me.

Kitsou Dubois helped me to understand the importance of perception*, and particularly of vision*, in creating the sense we have of ourselves. Perception, she explains, is an action; the interaction between two dancers modifies their own perception of movements and space on the basis of self-centred referentials*.¹² Her research is oriented towards the creation by the dancer of an autonomous space-time – recognizing oneself and dancing with one's own referentials – whatever the environment. To this end, she has developed the notion of the 'presence' of the dancer's body as a 'transformer' of matter in different environments, and the notion of the creation of an 'internal space-time' through the kinaesthetic expression of the

* The asterisk refers to the glossary at the end of the book.

internal sensations of the body (sensations linked to muscular contractions).

Kitsou Dubois has made me sensitive to the notions of time, movement and energy. In the exercises I did with her, it appeared to me that the sensation of being 'outside time' depends on the rapidity of the movements and the duration of the immobility–inertia also being a movement since it requires, in a series of dance movements, a significant expenditure of energy. I was thus able to realise that awareness of time does not exist independently of sensations of falling, loss of balance, and variations of energy. In dance, as in physics, the transition from intention to action is linked to a variation of the energy potential. According to Kitsou Dubois, movement occurs in three phases: initial, transitory, and final. The initial moment, in which the intentionality of the gesture or act is situated, is the densest from the energetic point of view, because the action is 'thought and acted' in this situation by the whole organism. If its tonality and intensity are brought into play in this phase rather than the final phase, the affective density of the movement will be much stronger.

The transition from one movement to another creates a time interval which is at the origin of the sensation of duration. Kitsou Dubois emphasizes the effect of the perception of the body's imbalance on the awareness of bodily presence: it is the perception of one's own weight, in relation to space and the sight of objects, which makes it possible to be present at the very moment of the action.

By means of choreographed sequences, she transmits to the spectators her own sensibility and the 'fluidity'¹³ of her bodily perceptions. I witnessed the creation of a show called 'Trajectoire fluide' (Fluid trajectory): affected by the crossed sensations of the video projection of a choreography in a swimming pool, the very swift movements of dancers moving about on a trampoline placed on stage, and the rhythmical, slow movements of other dancers around a chair, I found myself, at the end of the show, feeling completely 'land sick',

unsteady, like when one puts one's feet again on *terra firma* after a long voyage at sea. The 'fluidity of the movements' had clearly established itself in the interaction between my perception and the dancers' movements.

For Kitsou Dubois, visualising movements plays an essential role in understanding her experiment, for the eyes and vision make it possible to calculate the speed of the movements accomplished in space and organise the coordination of the movements.¹⁴

If the dancer uses the movements and information in the other's eyes as referentials for his own movement, a truly fusional state of dependency results, because the acting subject is cut off from his own spatio-temporal referentials.

On the contrary, it is by maintaining contact with his own referentials and his spatio-temporal imaginary representation that the dancer will be in a position to model external space – to construct other referentials with the environment on the basis of an external perception. The perspective opened up by the experimental work consists in developing in the dancer, and in the astronaut, the awareness of his bodily presence in order to be able to express it and maintain it irrespective of the changes in his environment.

During some individual courses I took with with Kitsou Dubois, she described the sensations of weightlessness to me poetically. Liberated from the sensation of falling, sustained and protected by a containing space, one experiences a very specific form of pleasure, a pure sense of euphoria. Space dilates and time 'comes off its hinges', sensations that are reminiscent of those experienced, in anxiety states, by analysts in their dreams or when they experience sensations of levitation on the couch. She explained to me that in weightlessness there is no above or below, and so *one is no longer really aware of the movements one is making*, while at the same time one has the impression of being upside down, with one's head down below, even though the space shuttle is moving vertically in the environment.¹⁵ With sensations of lightness, one also

experiences quite an exhilarating feeling of continuity caused by the fact that the movement never ceases: if one finds oneself, for instance, in the middle of the space shuttle, without having any point of support, one lives in a state of slow-motion and one cannot move about because one is continually revolving around oneself, creating a sense of exhilaration. On the other hand, as soon as one touches a surface, the thrust engenders a bodily speed which becomes continuous and provokes a very voluptuous sensation of time that stretches towards infinity.

These descriptions help us to imagine more easily the sense of a break in the 'continuity of being' felt by the baby at birth, and to grasp better the frightening feeling of falling experienced by patients in dreams, or during sessions when the telephone suddenly rings. In weightlessness, consequently, only very strong egocentred* referentials allow us to maintain a relationship with what is outside.

However, the major problem with which astronauts are faced is the following: in the absence of gravity and vision of the lower half of their body, they suffer from a significant decrease in awareness of their leg movements: they can no longer feel the lower half of their body and have to use the upper half of their body (their arms in particular) to compensate for this 'spatial negligence'.¹⁶ After such an experience, it is difficult to claim that the representation of the bodily schema (and the intentionality of the act) is only lost in the case of lesions! Alain Berthoz' remarks are corroborated: *proprioceptive awareness**, along with *vection* (perception of self-motion), and the sense of belonging to one's own body, depend on muscular sense.¹⁷

But the most interesting aspect of aeronautic experience is this: during reflex actions, even though the legs have returned within their field of vision, the astronauts do not feel them more than before, nor do they control them any more than before! *Vision alone, without proprioception and gravity, does not give the sense of belonging to one's own body*. The lower body and legs which the astronauts see during weightlessness are not perceived by them as *belonging* to them. This notion of the

sense of belonging to one's own body being linked to 'muscular sense' is, I think, essential for hearing differently the impression many patients have of 'not having a body'.

To prepare astronauts for this sensation linked to weightlessness, Kitsou Dubois tries to create a more consistent body representation or image that is capable, as it were, of compensating for the lack of gravity. Seeking a new point of articulation between the imaginative realm of the body (the coordination of movements) and the unconscious bodily schema, she proposes that they organise themselves around a sort of subjective centre of gravity. To achieve this, the student must imagine his movements as if they were arrows, or rather vectors,¹⁸ with a trajectory and direction that have their origin in a virtual point situated at the centre of his body's gravity – a point of reference that I will call the 'kinetic centre'.

Once the preconscious bodily schema has been 'built', K. Dubois attempts during a second phase to create, at the imaginary level, a vertical axis 'of reference'. This passes through the kinetic centre in the upright position and links the weight to the ground. It is by visualising this axis which anchors us to the ground that dancers/astronauts (like each one of us) are able to assume the *subjective vertical*.^{*19} Thereafter, the visualisation of the volume of the bodily space is constituted through the vectors of the movements which orient themselves by rotating around the subjective vertical, in such a way that the 'abstract body' thus created provides a *centrifugal* representation of all the movements.

The intensity of the vectors – in the physical sense – of the movements is linked to the expression of the emotions that one wants to express, to the sensations felt in the interaction with the environment, and to the efforts made in executing them.

In my work, I felt two phases needed to be distinguished. In the first phase, I had to integrate mentally my own vectors of the movements at my kinetic centre of reference and at my subjective vertical. To become aware of the meaning and the intensity of the actions, I adopted new referentials by paying

great attention to the actions and words of Kitsou Dubois, who, in turn, paid *great attention* to the exactness of my actions. I then realised that, to visualise their trajectory, I constantly had to establish relations between the energy used in the time of the action, the movements and the supports of the body in space, and the intensity of the emotions expressed and the internal and external sensations that I was having in relation to the environment. I was struck by the extreme ease with which I was able to imitate, as if in a mirror, Kitsou Dubois' movements. This imitation was no doubt reinforced by the fact that she accompanied them with words that *suggested* the quality of the emotions that I was supposed to feel.

This first phase taught me something with regard to the analytic questions that had led me to make this experiment: the 'mirror-like' process, characterised by the fact of *being dissociated from the intention* and origin of the vectors of my movements, *induced a hypnoid state in me*. I was listening, I was watching, and 'it' (my body) was moving fluidly. In other words, the process of imitation, along with the 'transference' of my sensory experience, and of the origin of the intentionality and of the time of my movements on to Kitsou Dubois created, in addition to a physical sensation of lightness, the sensation that I was actually being carried by her. Now, I was imitating her on a specular level, symmetrically in relation to the vertical axis, as in a state of weightlessness. It seemed as if I was actually leaning on Kitsou Dubois and that, like the protagonists in a hypnotic relationship,²⁰ we occupied a common space-time. In other words, this experience led me to think that the transference generates a veritable 'transport' of physical energy between the two protagonists, which may explain why one has the impression of being emptied after particularly exhausting sessions of psychoanalysis.

During this learning phase, *vision, imitation of actions, and verbalisation* were necessary in order to become aware of the emotional²¹ significance of the words uttered and of the coordination of our movements in space. During this phase, the

representation of my bodily schema was above all *centripetal*; in other words, unlike the centrifugal representation that we have already seen, it was linked to the real time of Kitsou Dubois' actions. By miming her actions, I integrated the time of the auditory and visual images of the words I was listening to.

The visual 'touch' and auditory 'touch' of the words heard seem to be necessary either for inscribing the 'touch' of verbalisation (time and intensity of the emotion of the words uttered) or for organising the perception²² and coordination of the movements. It also became clear that at this stage I did not yet have a representation or image of my body in terms of volume.

The second phase, concerning the representation of my body volume, in symmetry with Kitsou Dubois' kinetic centre, required much more demanding and longer work. The transition from a centripetal phase to a centrifugal phase only occurred progressively, and only after I had managed to imagine a *time interval*²³ between my teacher's actions and my own internal and external bodily space. In the absence of such a 'temporal void', I would have remained incapable of imagining myself as being at the origin of the energy, intentionality and direction of the vectors of my movements, as well as of my emotional and sensory experience. Moreover, I had to switch the origin of the vectors of Kitsou Dubois' movements towards my own kinetic centre, and so create my own subjective vertical. At the end of this second phase, I was now feeling now heavier but more autonomous, and had clearly succeeded in eliminating the hypnoid state of the previous phase. The henceforth conscious imaginary construction of my bodily schema was essentially centrifugal: the origin of the intentionality of the movements and emotions linked to the interaction with the other and the environment came from me.

The time of proprioceptive consciousness can thus be defined as the imaginary construction of a relation between the emotions felt and enunciated, and the intensity, duration and direction of the vectors of the movements carried out in

the interaction with the other. If we are able to *anticipate and maintain a synchrony and a temporal continuity of our centripetal and centrifugal representations as we interact with the other, we feel present in the time of our speech and our actions*. On the other hand, if we remain 'fixed' to a largely unconscious centripetal representation that is stuck to the time of the speech and visual images of the other, a dissociation and a *split* occurs; we cut ourselves off from ourselves and, consequently, from the time of our speech and from the unconscious intentionality of our actions. We will then experience difficulty in anticipating our own movements in the time of consciousness.

2. CONSTRUCTION OF THE FUNCTIONAL SCHEMA AND THE SENSE OF REALLY EXISTING

This experience put me on the trail of three representations of the bodily schema: the first to serve as a reference point is unconscious, centrifugal and static; the second is preconscious, centripetal and static; and the third is conscious and dynamic, centrifugal and centripetal. A permanent state of synchrony and diachrony exists between these three representations, which nonetheless form the same physical phenomenon in the time of consciousness. Movement and time belong only to consciousness and to the subjective organization of the intensity of energy used in the interaction, thus to the one observing the phenomenon.

It can be said that time and movement are the metaphorical and affective link which organizes the succession and coordination of the images of the object for a Subject of language; or, in more Freudian terms, the psychic bond (*Bindung*) which links the emotions and the word-presentation (*Wortvorstellung*) to the time of the thing-presentation (*Dingvorstellung*). The anticipation of the movement is thus connected with the vision and the imaginary space of the Subject²⁴ who feels and observes the phenomenon.

Unconscious representation of the bodily schema

One could say that, from an experimental standpoint, Kitsou Dubois based the construction of the different representations of the bodily schema on the concept of functional schema²⁵ in neurophysiology (Schmidt)²⁶: an internal model (pre-organized by the brain) of the memorized relationships, the topological links between different motor or sensory components, and the time of the actions carried out. Now, for a Subject of language, the functional schema* is the organization of the time of speech in the time of consciousness.²⁷ You will recall that to establish a subjective centre of gravity, one has to rely for support – like astronauts during their preparation – on a *virtual point* (not far from the navel) constituting the origin of the energy and intentionality of the subject who is making the movements, in the vertical position linking his weight to the ground and to the earth's gravity. We can say that this symbolic *virtual point* is the only image of the unconscious bodily schema to which the speaking Subject is attached when he designates himself as having a body that *belongs* to him in the time of consciousness. This is reminiscent, in a roundabout way, of Freud's proposition that the 'unconscious is timeless', since time belongs, as we have seen, only to consciousness.²⁸ This *virtual point* of the Subject's anchorage in his unconscious bodily schema can thus be designated as the virtual Subject of bodily identity (the Subject of the statement, of the desire and unconscious intentionality of all actions). Consequently, I will designate the unconscious representation of the bodily schema as *unconscious image*, which also corresponds to the *unconscious functional ego*. The time of this representation is an *imaginary time*. It can neither be apprehended nor measured directly because the unconscious system is separated from the system *Pcpt.-Cs*;²⁹ it can only be measured by feeling and observing the interaction with a sensory object in the time of consciousness.

Preconscious representation of the bodily schema

The experience with Kitsou Dubois showed me that becoming aware of our own movements involves going through a stage of dependency on the perception, consciousness, and speech of another. This detour via the other *compensates for* our impossibility of anticipating a movement that we do not yet know and of evaluating its time. This was why, in the first phase of my work, I moved from a centrifugal unconscious representation of my bodily schema to a preconscious centripetal representation, by transferring the origin of my preconscious intentionality of the movements on to my teacher. By imitating her actions as if in a mirror and by listening to her words, I was able to establish a rapport between the time of the words heard (the emotional intensity expressed) and my sensory impressions, i.e. my emotions and the intensity of my energy as the action was unfolding. We can assume, then, that by transferring and directing my attention towards her movements, I effected an *inversion of perception*³⁰ that enabled me to integrate her specular image and the real time of her actions.

We will call this preconscious specular image the *symbolic image* of the primordial 'I' (preconscious) of bodily identity, which also corresponds to the preconscious functional ego. The symbolic image is the bidimensional specular image which connects the unconscious image and the emotions of the person who is listening to the signifiers and real time of the action of the person who is speaking.

The time of the symbolic image is the *real time of the action*, since this image is constituted in the perception-consciousness of the actions that are being carried out. It is important to note that the primordial I is organised around a *static* specular image in two dimensions because the direction of the vectors of the movements of unconscious intentionality is opposed to that of preconscious intentionality, as Merleau-Ponty (1995)³¹ had already observed: 'The perceived movement is a movement that tends to go from its point of arrival to its point of departure'.

Conscious representation of the functional schema

In order to make the transition to a centrifugal conscious representation of the bodily schema, it is necessary once again to inverse – but this time *at the imaginary level* – the origin of the vectors of the movements perceived, and to integrate them with the ‘I’ (conscious) of bodily identity. This imaginary inversion, which occurred at the end of the second phase of my work with Kitsou Dubois, provoked a discontinuity with her real time of the action and established a continuity with the time of my own unconscious and preconscious images. This discontinuity with the perceived movements led to the creation, with my own referentials, of an autonomous, centripetal, and centrifugal dynamic representation. The representation thus created, giving rise to a sensation of volume and a sense of presence in the interaction, enabled me to *anticipate* a coordination of my movements with my teacher’s movements. I will designate this dynamic representation as *functional* or *functional image*.

The functional image enables the subject to link up his unconscious intentionality with his preconscious intentionality in the *time of consciousness*; it also corresponds to the *conscious functional ego*.

The sense of really existing and the functional image

By virtue of the functional image, the Subject feels that he is really present in the time of the actions that he is carrying out in interaction with another person; he can thus coordinate the time of his sensations, his emotions and his speech with the time of the auditory and visual images of whoever is listening to him. He can, as it were, feel he actually exists, make himself heard, and address himself to someone, while having the impression of enjoying a sense of permanence and continuity. The functional image allows him, then, to inscribe himself in the time and chronology of his history by linking up unconscious desire with the time and intentionality of the act. The sense of

having a body has nothing to do with consciousness of time, synchrony, and the perception of one’s own bodily presence. Consciousness of time is not innate. It is acquired progressively from birth up to about the age of 6, after which the child learns to move in synchrony with someone else (Piaget, 1964).

One could say that the capacity to feel that one really exists in the time of consciousness is equivalent to feeling that one is alive and present in the relationship with the other, while being connected with our emotions, our needs, and our desires in a consistent body *that belongs to us*. Now, as we have seen, neurotic patients have the impression that they exist in a body that is inconsistent and invisible in two dimensions, ‘fixed’ to a preconscious symbolic image, split off from the functional image, dependent on the words, the gaze, the desire, and the preconscious intentionality of the other. They suffer from an absence of the sense of really existing and from an incapacity to anticipate their movements in order to project themselves into the future.

An individual who is present in his functional image feels that he really exists and has the sense of living in a continuity of being. He can anticipate his movements by choosing the direction of his trajectory according to his desire and his unconscious intentionality. On the contrary, someone who is only present in his symbolic image is present at each point of the trajectory, but can neither choose nor anticipate the direction and distance between each point. He will experience his trajectory as if all the points were separated by a void which he risks falling into at any moment, like a tightrope walker, Caught in a split, a discontinuity, between his symbolic image and his functional image, a permanent state of discord will remain between his speech and his action. We often come across this discord in the injunctions of the parents: ‘Do as I say!’: while, precisely, what they say³² does not correspond to the emotions and actions that they show.

TABLE I: CONSTRUCTION OF THE BODILY SCHEMA

UNCONSCIOUS BODILY SCHEMA centrifugal and static	unconscious image, imaginary time virtual Subject of bodily identity <i>unconscious functional ego</i>
first transference, first inversion of perception	
PRECONSCIOUS BODILY SCHEMA centripetal and static two dimensions	specular image, real time of the action symbolic image of the primordial I <i>preconscious functional ego</i>
second transference, second inversion of perception	
CONSCIOUS BODILY SCHEMA Dynamic (centrifugal and centripetal) Sensation of volume, four dimensions	functional image, time of consciousness <i>conscious functional ego</i>

II. Transference in the Space-Time of the Session

Thanks to the work I did with Kitsou Dubois, I was able to appreciate why, in certain sessions, it was necessary to hang on to my chair in order not to 'lose my footing' before 'taking off' in the transference and unconscious space. The frame of psychoanalysis and the actualisation of the transference in this space-time put me, like my analysands, into a state of 'weightlessness'. Now, as I was the only one, rather like the astronaut, who could listen, see and keep things on an even keel during this voyage, I became the unique depository of the memory of what was happening. With the help of my ear which 'could look' and my eye which 'could hear', I was able to perceive, subtly, the

relations between the patient's affects and words in the time of consciousness, and to propose a construction binding his reminiscences with my symbolic image. The analysand in the lying position, who has made the visual sacrifice, and especially that of the analyst's gaze, is unhooked from gravity and pays intense attention to his internal sensations and memories. Cut off from his functional image, he is released from the real time of the action and from the time of consciousness, and gives himself over to free association. The psychoanalyst, attentive to the movements of the patient, also cuts himself off from his own functional image. The transference plunges both of them into a state bordering on hypnosis, without there being any need to induce it by technical means. Henceforth, as in the first stage of the work with Kitsou Dubois, the patient invests his attention, the origin of the energy and intention of his affective movements in the analyst, and the analyst does the same vis-à-vis the patient. The transference thus provokes a re-edition of the analysand's traumas and lived experience in the space-time of the analyst. Literally 'occupied' by the presence and the pain of the traumatic experience of patients, at certain moments the analyst 'bears' and feels pains in his own body with those who are evoking significant traumas.³³ Some patients 'rely' completely on the analyst, as the following not infrequent remarks suggest: 'During the sessions, I wouldn't like to be in my place!', or like this patient, who, in his first session, having settled himself down comfortably into the armchair opposite me, with his arms carefully placed on the armrests, stared at me intensely before exclaiming: 'Well, then, is the transference coming?'

The patient finds himself in a 'position of waiting and expectation' vis-à-vis a mode of listening, a gaze that renders him visible and existent, and a *savoir-faire* concerning sexuality or his relations with the world, through the analyst's words and interpretations. The intensity of the analyst's attention will also have been increased unconsciously by the intensity of his analysand's attitude of expectancy and attention. In certain treatments, this collusion produces an almost 'addictive' transference which provides the archaic oral satisfaction of

being included and carried by the acted-thought of an other (as in the past by the mother), because of the suspension of reality-testing and gravity. The correlation between a lowering of my attention and the bizarre impressions of falling apart or disintegrating experienced by patients, like in frightening dreams of becoming increasingly weightless, show how far dreams and the transference are powerful agents of the sense of actually existing.

The phenomenon could occur as early as in intrauterine life, where this feeling would be a function of the mother's expectation and attention (which would explain why the infant sleeps more during the last weeks of the pregnancy, when the mother is awake). Primordial thought and the dreaming of the foetus during paradoxical sleep are nothing other, on this view, than mother's *Theatre of the I*, which permits the infant to feel he is alive in a continuity of being. It is not unreasonable to assume, then, that *the primordial thought of the foetus is already thought in words and images, similar to dreams, inscribed in the intentionality of the mother's movements and desire.*³⁴

In one of his last papers devoted to hypnosis, Freud makes the 'credulous expectation' (*gläubige Erwartung*) and the extreme attention paid by the hypnotic subject's attitude to his hypnotist – which he compares with the attitude of a child who expects everything from his parents – a concept prior to that of transference, and he adds that repeating hypnosis too often leads to a sort of addiction: 'These, too, are the cases in which the patient becomes dependent on the physician and a kind of addiction to hypnosis is established' (1905a, p. 301). It is conceivable that the intensity of the 'credulous' expectation and of the hypnoid state linked to the 'addictive' transference of patients towards their analyst depends on the absence of their sense of really existing, due to a lack of expectation and attention from the mother during the pregnancy and the first weeks of their life.

1. TRANSFERENCE AND THE SENSE OF REALLY EXISTING

The transference can thus be approached as an unconscious phenomenon whereby psychic continuity is inscribed between the sense of self and the sense of really existing. At the semantic level, 'transfer' means 'to transport to another place' (from the Latin *trans* 'through' and *fero* 'I carry'), and 'phenomenon' means both 'highlight' and 'speak' (from the Greek *phanein*, to 'show', 'to highlight' and *phanai* 'to speak'). Transference is reproduced in each encounter between the analysand and the analyst during the treatment. It may be said that it is the projection of the image of the patient and of his desire – that indestructible force which Freud compares with light – on to the analyst. The analyst becomes his specular double, making him visible. This visibility occurs through the light, the 'proprioceptive' vision, the listening, and the words of the analyst, which are often compared, moreover, with a projector that illuminates the body and the suffering of the Subject, hitherto hidden in the shadows. Gradually, through the transference, the patient manages to see himself and to introject a living functional image.

To illustrate the phenomenon of the transference, here is Bérénice's drawing of her dream.



Bérénice's drawing: the dream of the two igloos

Bérénice is a painter. After her third session, she spontaneously brought the drawing of one of her dreams. What had struck her and pushed her to draw it was the image of the little igloo within the big one. This image is an apt depiction of the primordial transference: the child's unconscious and preconscious image is projected into the mother's functional space in conscious time, the igloo being three-dimensional. Bérénice recognizes herself in the young woman who is walking on all fours around the little igloo, in the interstice illuminated by candles. She told me she was able to get out of the little igloo thanks to the light of the candles, and to the presence of a kind person. Bérénice is describing here the sense of really existing kindled by the analyst's gaze and listening in the transference. It is a black, starless night, she says, and the enemies that were previously inside the big igloo are now outside it and are waiting to destroy her. We can see that she is expressing here her anxiety connected with emerging from the maternal space. She sees that her motorbike is parked on a bit of high ground, leaning against an old oak tree, too far away for her to get to. There is a path that turns to the right,³⁵ but it is hidden by the big oak tree. This is a way of saying that she is not yet autonomous, and that it is still not possible for her to anticipate the movements linked to her desire in conscious time. All she can do, she says, is to wait until daybreak...

Sometimes, and especially in very deprived patients, the encounter with their own unconscious image in the transference is shattering. Blinded by the intensity of the light, they develop a passionate transference.³⁶ As Freud (1913, p. 64) wrote, the tendency to project our own perceptions 'outwards' is the most primitive process for creating a picture of the world for oneself. It is produced through the function of attention, which, originally, was directed towards the stimuli streaming in from the external world, the internal psychic processes being perceived only through the sensations of pleasure and pain. The transference reactualises the *primordial projection*, which, during pregnancy, allowed the foetus to inscribe itself unconsciously in

the mother's sense of really existing and time of consciousness. A similar phenomenon to this primordial projection can be observed when someone wakes up from a coma, if a coma is considered as the most important physiological regression of the sense of self and of the sense of really existing. The emergence of a very projective attitude towards the carers and the creation of a double are frequent processes by means of which patients, on awaking from a deep coma, can sustain a sense of continuity in their existence.³⁷

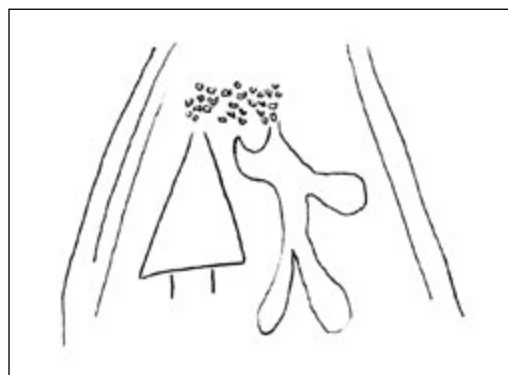
The transference thus permits the patient to feel he/she is present in the symbolic image and the analyst's conscious time. Lacan (1988, p. 169) writes: 'The name is the time of the object'. But also: 'Naming constitutes a pact by which two subjects simultaneously come to an agreement to recognize the same object'. Through naming, two Subjects agree to recognize their existence in conscious time. As we have seen, there is no temporal synchrony between two objects in space-time. Through his speech, the analyst inscribes the analysand as an object who really exists in conscious time, just as a father names a child when he/she is born. He inscribes him in the time of his speech and of his own visual images – in other words, in his own space-time. In the transference, then, the patient cannot feel he is present in a space-time that is different from the analyst's. This explains the remarks of some patients, such as, *When you speak, I'm amazed at how I feel present and how, at the same time, you are there, behind me, talking and listening to me; what's strange is that when I have the impression that you aren't listening to me, I disappear*. They confirm that neurotic patients, like the small child, sense their own presence through that of the parental other, through his gaze and speech. This leads me to think that they have remained fixed in the specular image and the conscious time of the parents.

On the other hand, the schizophrenic patient does not feel he is 'visible' and is not aware of his own presence in the interaction with the analyst, even if he feels he has a body and lives in the present. Past, present and future are lived as a continuous

present, which is illustrated by this remark: *'When I am in a session, I hear too much, it's unbearable: I can hear myself saying what you are saying, I can hear myself thinking, I can remember what I was hearing before I came here and I am confused by the voices that I can hear nearby.'*

Abel began psychotherapy with me following a delusional episode. This young man had been questioning the meaning of the term schizophrenic ever since he was diagnosed as such during his last hospitalization. In the course of his questionings, he brought me two drawings.

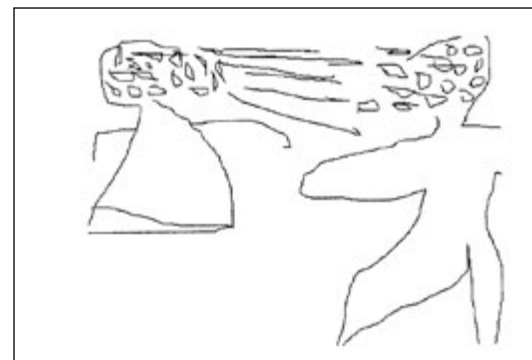
To illustrate this primordial transference, here are Abel's drawings and his comments on them.



Fusional tie 1.

In this drawing, he wants to represent the fusional tie and the loving feeling that he had for a young girl, at the time of his decompensation. The characters cannot touch each other, he says, because they would be in danger of dying or disintegrating. They share their thoughts and their sensations; he notices, however, that they have no heads. The three lines on the left side of the drawing indicate, he adds, stronger sensations in the woman. We can see that the characters are two-dimensional, without any consistency, and are liable to disintegrate at any moment. Abel is completely dissociated from his unconscious and symbolic image; his body is not integrated in conscious

time. Without heads, the acted thoughts have no origin or trajectory; consequently, both characters, but particularly the young man, are constantly overwhelmed by the force of the sensations and feelings experienced in the fusional relationship.



Fusional tie 2.

In drawing 2, which he brought after a year of therapy, Abel is trying to situate himself in the fusional tie. He remarks that the male figure is in a great state of psychic agitation, though he now able to speak. Although the woman is still very powerful, he feels that an exchange is possible. We can see in this drawing that the heads of the figures are outlined and that the arrows in both directions indicate that energy, thoughts and sensations are really being exchanged between the two protagonists even if the woman remains more at the origin of the energy and intentionality of the action, which is emphasized by the greater number of arrows. The characters are still two-dimensional, but this time the woman is represented without legs, whereas the young man has legs even if his 'feet are not yet on the ground'.

The analytic setting of the couch invented by Freud reactualises the unconscious experience of the infant during foetal life. He can only communicate with the outside world via his mother's voice. The voice, which is already inscribed for the human being as an internal sensory object, Freud said,³⁸ is also an instinctual object necessary for feeling that one really exists.³⁹

It is conceivable that an infant's cries are already inscribed unconsciously in the signifiers, the desire, and the time of the grandmother and of the mother as a language. From birth on, the infant may be said, from this point of view, to express through its cries the intensity of its mother's primal pain and distress. A brief clinical vignette will illustrate this point.

After a year of therapy, Rachel got married and was soon expecting a child. She came back to see me after the summer vacation, when the baby was 6 months old. Since the vacation, which all three of them had spent together, her baby, she said, could no longer bear being separated from her. He had become clinging and hung onto her and her clothes which he would tear up as soon as she moved away, even if it was only from one room to another. He would give out increasingly piercing cries which exasperated her, to which she responded by stuffing him with little biscuits. I asked her if she could remember what she had experienced at the same age. Very moved, she talked to me about her mother who had been very anxious and depressed during the pregnancy because, at the same time, her relationship with Rachel's father was deteriorating. The father left the home a few years later, and did not maintain contact with his children. Rachel's wound was still open and very painful. It was enough for me to formulate this identification with her son's cry of distress, a cry that was charged with the pain of his mother and of her own distress connected with being abandoned by her father, for the child to calm down and for her to be able finally to hear him. She realised that after the vacation it had been hard for her to accept the separation from her husband and that the child was in fact crying out her own pain for her. She felt his cries so deeply within herself that she could not grasp their meaning.

The transference inscribes the analysand's internal sensations in the bodily space of the analyst. In analytic treatment, the succession and ending of sessions, which Winnicott (1958, p.197) compared to an expression of hate on the part of the analyst, confronts the analysand with an often painful

alternation between the feeling of presence and absence, as in the wooden reel game. Moreover, during difficult periods of the analysis, some patients experience the end of the hour and the time interval that follows it as a rupture or a mutilation, or indeed even as a kind of death, as a definitive disappearance. This repeated alternation, throughout the analysis, enables the analysand to gradually introject a sense of presence and a sense of the continuity of his existence in the analyst's absence. A female patient expressed this enlivening function of the transference by comparing the analyst to an electrician: he repairs the patient's electrical circuit and switches on little internal lamps, like the candles in Bérénice's dream of the two igloos, which will enable him to see himself, to feel alive, and to make himself visible to others. The transference and the analytic setting strengthen self-perception and the psychic continuity of being. The only risk for patients who are too dissociated from time and from their symbolic images is to identify themselves with the analyst, remaining enclaved within his space and his time, as was the case in the past with the parental other.

This risk has led me to reconsider the setting of the treatment. I now think that it is necessary at the beginning and at the end of analysis to work face-to-face so as to allow the patient to inscribe his/her speech in conscious time.

The transference is an unconscious phenomenon which occurs in each treatment according to a different mode and time. So it is impossible to tell exactly when it will be 'liquidated' or resolved.⁴⁰ Its duration is equally unforeseeable. The time of the transference manifests itself outside the time of the session; however, one can observe that the interval between the sessions 'does not exist'. Often, even after years of interruption, patients take up their analysis again with something they had said during their last session. Sometimes they express strong anger towards the analyst because, during the interruption, the analysis has not progressed quickly enough for their liking... Even though the thought processes, the working-through, and the dreams of the analysand and of the analyst partake of the modes of expression

of the transference phenomenon, its duration does not depend on it. One can understand why, even though increasing the rhythm of the sessions and the variability of their duration results in greater intensity, it does not necessarily accelerate the end of the transference 'phenomenon'. *Each transference has its own specific time, intensity, and duration.* These characteristics of the transference and its relation to conscious time are reminiscent of those of a physical phenomenon described by Einstein⁴¹ (which might confirm my hypothesis that the transference generates an exchange of physical energy between the two protagonists).

The sense of a time that is at once immutable and infinite arising from the permanence of the transference (beyond the modifications of the phenomenon registered by consciousness) is the cause of unconscious resistances to its resolution and to recovery. Acceding to conscious time implies destroying the primitive entropy of the transference freed from time and death. The violence necessary for this destruction, and the perspective of the irremediable loss of the transference object, are enough to make more than one analysand, and even analyst, back off.

The signs of this resistance to the resolution of the transference are often noticeable in the most fragile patients. With them, sudden interruptions of the treatment, sometimes qualified as episodes of 'negative transference' have the effect of maintaining the permanence of the transference and of its time. Far from putting an end to it, they reinforce the patients' inclusion in the time of the analyst's consciousness so as to preserve their sense of really existing for someone.

As 'past and present' and 'before and after' do not exist in the time of the transference, because succession is an imaginary relation between two states of the phenomenon in conscious time, only the feeling and observing analyst can measure the unfolding of time, the temporality of the phenomenon and its manifestations. A time of reliving the past, transference time is at once one of remembering and one of lived experience. Being aware of time, its continuity, and one's own presence

in the world implies becoming aware of change, of the actual continuity of life and of the possibility of it ending.

Incapable of establishing a link between the time of remembering and the time of the experience lived during the session, the patient is, as it were, taken in charge by the psychoanalyst's consciousness. This temporal switch over explains the amnesia of the analysis, experienced a few years after its termination by many patients, especially the youngest ones, along with the amnesic disturbances which herald the end of the transference: patients no longer recall why they undertook an analysis and only have very vague memories of the content of the sessions. They experience a sort of disappointment that leads them to say, '*All that for this?*' This amnesia is no doubt similar in nature to infantile amnesia, the parents being in this case depositaries of the memory and time of the consciousness of their children.⁴²

As the transference establishes a common space-time between the psychoanalyst and the analysand, the intensity of the attention and the inversion of perception⁴³ of the sensations and feelings in the setting of the treatment transform it into a fusional space-time. The analyst is really 'touched' by the patient's traumatic experience or pain. Session after session, he *feels* and *observes* the changes and weaves links between the different states. This rapport constitutes the time of the transference in consciousness. So it is the analyst who sustains the time of consciousness of the fusional object with which his presence and speech become indistinguishable. Thus the analysand can create a new edition of his primordial fusional experience, this time by really being perceived by someone. The experience of the transference allows him, as it were, to feel the permanence and the continuity of the primal fusional object in conscious time. The compulsive gesture of some patients, who, on getting up from the couch or the armchair, turn round to see if they have left something behind or to see if they have left any traces, as well as their anxiety of being forgotten by the analyst between two sessions, clearly shows their difficulty of

feeling they exist in a different space-time, separate from the analyst's.

The analysand comes to consciousness through the perception, the speech, and the constructions of the psychoanalyst, which are themselves linked to his own unconscious experience and to his transference experience in the space-time of the session. Through his constructions, the analyst helps the patient to elaborate progressively a relationship between his desire, his speech, and his actions.

The ethics of psychoanalysis is an ethics of separation. Every psychoanalyst knows from the outset that the transference phenomenon has a limited duration and that it is destined to disappear.

2. TWO CASES

Charlie, the invisible man

'Could I speak to Mr Landau?'

'No, I'm sorry, he is not here at the moment. Can you call back later?'

'Are you Mrs Landau?'

'Yes.'

'Are you a psychoanalyst, too?'

'Yes.'

'Well, then, it's you that I want to see.'

After this, to say the least, unusual introduction, Charlie came to consult me. A tall, strange young man, he moved along jerkily. He had a plump figure. Obviously feeling awkward, he looked at me piercingly from behind his thick, coloured framed glasses and, in a monotone voice, began to tell me his life story, which resembled a long tranquil river.

At the age of 35, Charlie was working as a cleaning operative in a hospital. Always alone, he spent the majority of his time in the basement areas of the establishment. At midday, to avoid

the company of the others, he had his own lunch, prepared by his mother. His hierarchical superior was the only person with whom he had contacts. After work, he would return to his parents' home, shower, change, have dinner with the family in silence in front of the television, then zap until he fell asleep.

The tall young man stopped and looked at me. When I asked him what had brought him to a psychoanalyst, he replied that he was perfectly satisfied with his life and felt no suffering. He paused, and suddenly the tone changed, becoming more animated. With his eyes still fixed on mine, he stated: 'And I find that totally abnormal!'

It was a peculiar request! From this very first session, I sensed that there was an interesting and rich personality behind this very coarse façade. This feeling was steadily confirmed during the course of an analysis lasting seven years on a three times a week basis. Over the course of these years, Charlie explained how his days were marked by rituals. For a long time, the tone of his voice remained monotone, denuded of affects, of emotions, but his language, whose subtleness had struck me from the outset, became richer and richer as the analysis went on.

Charlie was the only son of parents who had emigrated from South America. Cut off from their respective families, his parents never referred to their origins or their history. He knew, however, that his maternal grandfather, a butcher, had been violent and alcoholic, and that he had mistreated his mother. He had very few memories of his very solitary childhood, marked by humiliation and marginality. As a small child he had been clumsy and enuretic, and had been everyone's laughing-stock. As he was incapable of forming relationships and of concentrating, his schooling had been a failure.

He said he was 'empty-headed', and only liked classical music and opera, which he would listen to secretly on the radio. His father, a watchman in a large store, drank and womanized. His mother, a cleaning woman, had a violent and fusional relationship with her husband. At home, their domestic rows

were frequently accompanied by insults, blows, and threats. Among the threats his mother sometimes made to her husband, and sometimes to her son, was the following: 'I will come and bleed you like a rabbit while you are sleeping'. Charlie said that this threat was the cause of a tenacious insomnia, accompanied by fears of aggression and the vague impression of a disturbing presence in the bedroom. This had led him for a long time to carry out interminable checks before he could find his sleep.

My patient led stereotyped, ritualised existence, without relationships. 'I don't know what to tell you', he would say at the beginning of sessions. His features were inexpressive, fixed like a mask, but he came regularly and clearly expected a lot from the analysis. However, he refused to use the couch because, as he said, it would give him the impression of already being dead, like his father, who, though he was very active outside, often lay prostrate on the sofa at home with his hands clasped together 'like a corpse laid out in its coffin'.

Charlie was often silent, and, sitting opposite me, was often content during a large part of the session to imitate the movements of my hands and the position of my legs, like a living mirror. Sometimes, when I spoke, he accompanied my words with movements of his mouth, like a child reproducing and 'drinking' my words.

After a certain time, I pointed out to him that apart from me he carefully avoided meeting anybody at all. I added that he was behaving as if it was impossible for him to inscribe himself in time, unless he could control it completely by organizing his days around carefully timed and repetitive activities, the slightest hint of a breach or surprise being inconceivable for him.

Each time I said something, he would fasten onto a word which he then kneaded, like clay, as if to make it his own, in order to weave a link with me – a link-word,⁴⁴ a transitional word, connecting my speech with his time, with his emotional experience during the session. I got into the habit of communicating my hypotheses to him. Thus I soon stated that I thought there was a sensitive and very intelligent boy

concealed behind the mask: a Subject who denied his suffering because acknowledging it openly would be dangerous for him.

There were no associations, no dreams, no fantasies, just long silences. Only the details of daily life provided a support for the sessions. Charlie pushed me in the transference to speak a great deal, to observe and interpret the slightest gesture that escaped him. This position of exacerbated attention is very intrusive. He defended himself against it tenaciously by being sparing with both gestures and words.

I experienced moments of discouragement, during which I said I did not feel up to struggling against his masochism and self-destructiveness. And then I swiftly reassured him: true enough, he was indeed the 'master on board', but if we were to continue, he had to risk a minimum of openness. One day, following one of my 'crises', he had an idea. To get the thoughts out of his head, he would let his hand write by itself. At that time, he barely knew how to write phonetically. He then filled a whole notebook, expressing his despair, a terror of losing himself and of dissolving into a 'black and abysmal void'. He himself was surprised by the contents of his notebook, without really grasping the import of what he had written. Charlie showed how much writing can be the direct expression of unconscious emotions that cannot be verbalised or, especially, imagined consciously.

From the beginning, I thought Charlie had immense capacities; I imagined him being promoted to the post of director of the hospital to the astonishment of his colleagues who regarded him as stupid. I expressed my expectations of him from the outset, emphasizing his intelligence. By projecting his success, I included him in my narcissism and my desire as an analyst (to facilitate the emergence of the Subject). I had the impression that Charlie had never been seen or imagined by his parents as a child in flesh and bone, with varying mental states, and with the possibility of developing. Having thus 'forgotten' him somewhere in their unconscious, the parents were unable to feel that he was really present and, consequently, could not

anticipate and project on to him their unfulfilled wishes, their ambitions, and their narcissism: they expected nothing of him! This failure needs to be emphasized: I think the expectation, imaginary anticipation, and narcissistic projection of the parents are necessary if the child is to be able to inscribe himself subsequently in his own narcissism, his own desire, and his own time.

Gradually, I managed to make Charlie see the enjoyment he got from fooling those around him, from playing the role of idiot at work. He repeatedly said he was afraid of contacts: showing himself to others was unbearable and dangerous. At midday, he hid himself away in the basement to eat his lunch by himself; being exposed to the gaze of the others terrified him, especially if they talked while eating. At home, meals were always taken in silence; moreover, his mother would serve the family without ever eating anything herself. He thus revealed his fantasy that his mother had no needs or bodily functions. At the hospital, on the rare occasions when he was obliged to go to the canteen, he thought he was going to die; he trembled with anxiety because he was so sure he was going to dissolve. He was invaded by the noise and talk of the others, and felt as if the words being exchanged were like arrows piercing him. The idea of being seen eating made him feel ashamed. I suggested to him that eating with the others implied breaking his exclusive tie with his mother and with the food that she prepared for him. I went on to say that, having internalized his mother's prohibition against having a body and his own needs and desires, showing himself to be alive and real by sharing the pleasure of eating with the others exposed him to the danger of being swallowed and killed. I emphasized that he felt this risk very intensely because, deep down, he derived great pleasure from exhibiting himself. This fantasy can be found in many neurotic patients: sharing a meal involves the risk of dying from being swallowed up by the gaze and cannibalistic oral pleasure of others, or the risk of being castrated as an incestuous child and accomplice to the murder of the Father, like during the

totemic meal. This fear of death and castration, linked to the incestuous and murderous complicity felt with his mother during the shared meal, is frequent in neurotic patients. It manifests itself in different forms of phobias including those of being watched, of noise while eating, of noises coming from the 'mouth'... and, in the most fragile patients, the phobia of being poisoned. The risk of emerging from clandestinity and of being seen 'in flesh and bone' with needs and desires reactivates castration and death anxiety to such an extent that for some it can result in fainting or a crisis of comital absence.⁴⁵

Terror and, of course, the wish to attract attention led Charlie to dress in grey and to hug close to walls. I discovered, in fact, that *he thought he was invisible*. He told me that at the hospital nobody spoke to him, and outside it no one seemed to see him or recognize him, so much so that he could come and go without fear. And yet sometimes when he was walking in the street, he would feel he was being followed if he noticed a shadow, and especially the reflection of a man in a shop window. When this happened, he felt frightened and would stop, as would the man who was following him. This calmed him down; being able to control the deeds and acts of this other reassured him. I interpreted that he felt he was being followed by his shadow and his image, as if they belonged to a double with whom he was profoundly unfamiliar.

Every time I tried to take up his history with him, I had the impression I was entering a universe directly reminiscent of Italian realist cinema. We were in a scene from "Bread and Chocolate"⁴⁶ Family vacation, vague location near the North Sea, huts put together with sheets of corrugated iron, a variety of ploys used by the father to prevent the family from being seen by the neighbours, and so on. The father's terror of being seen by others indicates his difficulty in feeling that he really exists, and throws more light on the situation he has set up with his family, as it were, behind closed doors, marked by an absence of verbal exchanges against the background of a radio playing constantly.

Charlie left school when he was 15. To begin with, he shut himself away at home; then, he tried to enter active life while at the same time maximising his chances of failure... On his eighteenth birthday, in a state of raptus, he made off with his father's pistol, held a taxi driver at gunpoint, enjoining him to drive him to his mother's place of work. The driver managed to overcome him. He was arrested and found irresponsible under article 64 of the French penal code. Why had he done this? Charlie never knew.

His careering out of control like this was aimed, it seems to me, at murdering his mother symbolically: he had come of age and felt driven by the need to become someone.⁴⁷ Yet on that very day, he was found to be 'irresponsible'! It was a judgement that would thrust him even further into an abyss of non-existence.

After this raptus, his mother took care of everything with zeal. She accompanied him to the doctor, for instance, describing in great detail his disorders and symptoms by referring to her own body. In this way she showed that her son's body belonged to her; she could feel his pain in her own body and so was able to put it into words. Charlie remained silent, moreover, throughout the entire visit. His mother filled out the cheque which he signed, as always, with a cross. She was also the one who had managed to find him his current job.

After three years of analysis, Charlie took the risk of speaking about the daydreams which preyed on his mind while he was sweeping the basement at the hospital. He was a dictator filled with unspeakable violence, possessing women and rejecting them savagely as soon as they became attached to him. It was the faces of women whose path he crossed during the day that were depicted in his daydreams, for he said he was incapable of just imagining faces out of the blue.

I remarked that omnipotence and violence were his only means of surviving, of controlling his desires and his impulses, and of inscribing himself in a reality that seemed so hostile and threatening to him. I added that his ruminations made

me think of those of Charlie Chaplin in *The Great Dictator*, and I restored to him the scraps of sensibility and poetry that constituted the other side of his character, that part of himself that he had never been able to express. Over the course of time, a metamorphosis occurred and I was touched to discover that his face and voice now showed signs of emotion.

Whenever there was an inspector in the *metro*, he could never find his ticket, even though he had punched it as required. I pointed out to him that he was acting as if he had to pay twice for his birth: he felt guilty for being born and, in a certain way, destined to live in clandestinity.

At this time, we were working on hypotheses concerning his birth. Charlie had probably been an unexpected child, and each time his birthday came round his mother only celebrated his delivery. What's more, neither his mother nor his father celebrated their own birthdays, so that Charlie had no idea how old they were.

We had begun to work on the idea of an incorporation on the mother's part: I suspected that she may have unconsciously kept her son within herself, being unable to imagine his birth or his existence in a space outside herself. I then raised the question of partitioning the family apartment in such a way that he could have a space of his own, that is, without the crucifixes and Madonnas that transformed the apartment into an altar or a tomb; and, preferably, a space that he could close with a key to avoid the intrusions of his mother who spoke of nothing but herself, her pains, her 'atrocious' private married life, and her wishes to commit suicide. Being incapable of listening to her son, she made him the receptacle for her complaints. Petrified by his mother's pain, Charlie let himself be flooded for years by the flow of her lamentations.

Charlie's oral expression became more relaxed, and his choice of clothes became more varied. One day, he told me that he now lingered in front of shop windows, trying to adopt the hairstyle of this or that model. He took correspondence courses and sometimes he would even eat a hamburger before coming

to see me. However, he said that allowing himself this freedom 'bothered' him. I invited him to reflect on the fact that he felt it was necessary to fill himself up before the session so as not to have to devour and kill me, while still feeling the need to come to his sessions.

Clearly, Charlie could only constitute himself away from my gaze. Each time I commented on the progress he was making, he was particularly troubled and quickly began to regress. He told me that he had taken out a subscription for the opera, that he was passionate about theatre, and that his room was now full of books and posters, and even a computer! He was astonished that his parents had not asked any questions about these changes.

After four years of analysis, Charlie brought a dream which was the only one of the entire treatment: *some hooded robbers break into his apartment. They head straight for his room, while he rushes into the storage room next to the kitchen and rummages through the dustbin looking for the remains of mouldy food.* He said he couldn't understand anything about this dream which we came back to thereafter several times.

I offered a first possible interpretation: he didn't mind if the hooded robbers took off with all the new things in his room; what he was afraid of losing, what mattered to him most, was this position of 'dustbin', a dumping ground of memory, of pain, of parental violence, and these 'remains' which he had always used to survive.

We worked on the idea of possessing nothing so as to have nothing to lose. The hoods, which may conceal familiar faces, suggest not trusting anyone, even those who pretend to give something, like myself, for example. Those who give may come and take everything back later... In short, Charlie must keep the 'remains' secret and protect them, as if the vengeful mother could appropriate his property, that is, his life, by coming during the night and bleeding her son like a rabbit... Hence the fantasy of the debt of blood, and of the blood that has to be paid for the life that the mother has never really given.

Charlie's growth was undeniable, but at work he remained 'his old self', unconcerned for either professional promotion or contact with his colleagues. Before his sessions, he would regularly change his clothes, as many patients do moreover before entering 'the Other scene'. He brought several characters to life at once, and I was far from knowing all of them! I had the impression that he himself had difficulty remembering them and inscribing them in continuity with the character he was embodying in the session. In other words, when he was sweeping the basement, he really forgot himself.⁴⁸ Not without difficulty, we worked on issues of integration, trying to establish links between these internal figures.

Increasingly, Charlie told me about transformations that he was experiencing in his body, and especially in the modulation of his voice. He was now capable of handling abstraction when he evoked his difficulties, and expressed his suffering at only being able to recognize himself through mimicry. He could only conceive of himself through characters seen on television or at the cinema.⁴⁹ For him, appearances were everything; he only had to put on someone's clothing to feel he was them.

One day, I told him that his thoughts reminded me of the highly colourful characters found in the writings of Pirandello. My comment marked a turning-point in his analysis. In record time, he began to learn Italian and plunged into the writer's work. Pirandello functioned here like a gift, a transmission, something I had given to him and that he could make his own, related to the probable Italian origins of his father. Charlie now had his own signature and was able to manage his own bank account better and better. All these changes still went unnoticed by his parents.

Charlie was taking giant steps forward. He now wanted to meet a woman and decided to put an ad in the paper. The upshot was that he formed a very satisfying relationship with a young actress. I was really surprised by the speed with which he adapted to his new situation. Everything was happening very quickly now. The two of them envisaged getting married;

Charlie passed his first competitive administrative exam and told me about his big project: he wanted to become an author of detective stories. When he announced his marriage to his parents, they didn't react at all, as if their son did not exist, and had never existed.

At this point, for the first time, Charlie had a psychosomatic symptom: a painful molar. He had the tooth taken out, which the dentist described as 'mortified'. After the extraction, he left his parents' home. A few days later, he left me a message: 'I won't be coming to the next session'.

The pain, the 'death' of the tooth and its extraction represented the unconscious inscription for Charlie of his emergence from his primordial fusional space and also the liquidation of the transference. Further on, I will set out some hypotheses as to the reasons why very 'enclaved' patients are led to produce a slight psychosomatic episode or to act out (falling or cutting themselves) in order to mark the end of the analysis.

Through Charlie's treatment, we have been able to apprehend the temporal dimension of the transference under consideration so far: it was by imitating my words (word-links) and my gestures that he was gradually able to integrate or acquire a sense of really existing and of being 'present' during the session. The uncovering of the different unconscious fantasies connected with invisibility revealed a permanent split in Charlie between the Subject who speaks (or, in this case, does not speak) and the Subject who acts and feels. These impressions have led me to work on the hypothesis of the mother's 'incorporation', appropriation of the perception of the child's body: it is the mother who experiences the sensations, the suffering and the needs of the child, who, in turn, experiences those of the mother. This primordial transference between the mother and the child forms precisely what I designate by the *enclave*, and raises the question of its origin: could it be that, for psycho-ontogenetic reasons, the child's self-perception and the sense of really existing are constituted, during the pregnancy, in the

self-perception and in the functional image of the mother? To back up this hypothesis, here is another clinical fragment.

Claude, the woman who thought she was a tortoise

The first session took place by telephone. Claude had been on sick leave for two years for an extremely disabling spasmodic twisted neck, for which no treatment had brought relief. A doctor had given her my address, rather as a last hope, but Claude lived a long way from my home and the journeys to-and-fro were a real burden. On the telephone, she told me how discouraged she felt that medicine could apparently do nothing for her. I think that my voice, my words, and my conviction that a reconstruction was possible, gave her the necessary energy to undertake an analysis. We agreed on a setting of three sessions a week.

Dressed in bright colours, Claude arrived all twisted and bent. Shaken by regular spasmodic movements, she moved in all directions. Smiling and full of humour, she spoke about her illness as if it was someone else's. She quickly began to talk about her family history, allowing a sense of emptiness, of maternal absence to filter through. She described her mother as silent and melancholic, subject to an authoritarian, violent, and perverse husband.

Born into a working-class family, she had been left in her grandmother's care, but the latter died when she was five. This marked the beginning for her of a series of ruptures, moves, and episodes of solitude. Her father did not allow her to invest in anything personally. She was his 'son', and she had to turn her back on the silly ways of little girls. Music, poetry, dance, every slightest impulse of expression was brutally repressed.

She was eight when her brother was born. He is the only person with whom she has been able to form a relationship, in spite of the difficulties which manifested themselves from the outset. He was hospitalised on several occasions for serious psychic and somatic disorders and was being followed, when

Claude came to see me, in a specialised service for the mentally disabled.

A sense of responsibility for this brother very soon emerged in the analysis, and even a deep sense of guilt. As she was the only one who could hear his suffering and sensibility, she identified with her mother, and, at the same time, felt very guilty about the rage and violence that invaded her whenever he was overwhelmed by his difficulties.

During the early stages of the analysis, I worked with Claude face-to-face, but the sitting position was unbearable for her. The old and rather unstable English armchair that she occupied creaked, and she was troubled by the eye contact. One day I suggested that she might lie down on the couch. We then began to work on her genealogy, which she was able to reconstitute over several generations. She had no difficulty recognizing identifications with her paternal grandfather, who had also become an invalid at a very young age on account of spinal problems.

Over the weeks, Claude became aware of how much she had suffered in her childhood; suffering that had been caused by an early maternal deficiency, notwithstanding the position taken by the grandmother. During one session, an old memory came back to her: when she was three years old, her godmother had interfered with her sexually in her parents' home. Claude reported this memory without showing any emotion. It was one amongst other memories that were much more charged with affects, such as the much more violent ragging she received from her father. Subsequently, she evoked her memories of being a solitary adolescent, cultivating in secret her interests for literature and music, with her young brother's complicity. Her godmother's interference with her body was only referred to once.

In adolescence, bending to her father's wish, she opted for a scientific section at school. At this time, she formed a homosexual relationship at the *lycée*, which turned into a devouring and destructive passion. Like her, her companion

became a teacher, and both of them kept their relationship completely clandestine. No one knew about it: neither her family, her friends, her colleagues or the neighbours. After several years of life together, her companion was appointed to a post in another region of France.

Claude established a link between this separation and the onset of her twisted neck followed by a depression. It was at this time that a strong bulimic tendency appeared, associated with withdrawal, solitude and pain. We know that bulimic reactions are frequent after the breakdown of a fusional relationship. Throughout her entire analysis, she brought dreams to each session which astonished me by their vividness and colour. There was no anxiety, no conflict. In her dreams, Claude always saw herself searching for a place to be and to settle. She would miss a train, travel clandestinely, or would be at the wheel of a car that she couldn't drive. Or alternatively she would be wandering around inside houses with big bay windows open to the four winds, with no roof and in danger of collapsing at any moment. In these houses with no 'spinal column', to use her own expression, she always hid herself away in the basement. In her dreams, Claude could only represent herself as a tortoise with a twisted neck, moving forwards with difficulty on its hind legs, executing acrobatic manoeuvres to get out of perilous, or at least awkward, situations, such as going down steps, stepping off a pavement, avoiding cars, and so on. At the same time, she would get rebuffed for the disturbance she was causing.

This tortoise was of central importance in our work. We envisaged it as signifying a reversal of generations: the whole household on her back, and, in particular, her mother. The shell in which to hide the living body makes survival possible by remaining inside it, sheltered from any sort of relationship and especially from everyone's view. Survival is possible, certainly, but with no possibility of advancing, remaining stuck in the shade, outside time and out of the sun. We also talked about the impossible separation between the living part and the shell, an inanimate part that belongs to the tortoise but is foreign to

it because the tortoise cannot see it from the outside and thus form a picture of it.

The French language possesses a whole range of signifiers linked to the tortoise (*tortue*): ‘*le tort tue*’ (wrong kills), for example, or the injunction, ‘*tords-tu!*’ (get twisted!) (Claude had a twisted neck). We worked on both these signifiers and I attempted to bring out into the open the real violence to which Claude had been subjected, both from her parents and from her godmother. The identification with a tortoise is not only connected with the play of signifiers offered by the French language, but rather with its constitution, since I often come across this identification⁵⁰ in analysands of a different language.

The difficulties caused by her symptom allowed her to occupy a place which she had been denied: she got herself noticed and thus became visible. However, the enjoyment she had in showing herself, in exhibiting herself and her disorderly movements was punished in her dreams. I pointed out, moreover, the silence that had followed her account of them. Claude remained silent to show me that she would not engage in any associations; a silence that was designed to make me speak. Like Charlie, she left the secondary elaboration of her dreams to me, and soaked up my imaginary space and my words.

After Claude’s breakdown, her companion had come back to live with her, but the difficulties in their relationship had simply increased. Claude had a small dog that she had imposed on her friend, which represented the lively, joyful, and mischievous part of herself. When she fell sick, the little animal imitated her and its health declined until it died. Its death, which occurred during the summer break, and which I did not sufficiently elaborate, meant that the treatment took a particularly difficult turn when it began again after the break.

Claude shrivelled up more and more on account of her physical pain, which got worse, and for which she reproached me with great violence: I had become the cause of her suffering and her pain. During one session, she really tried to frighten me: she suddenly jumped up from the couch towards me with

a threatening expression only to slump onto my desk in a state of total collapse. A dream then emerged, tinted with anxiety for the first time. Claude was a sort of huge penis moving about frenetically, folded back on itself into a frightening mouth – a sort of devouring ‘self-fellatio’ – in a room with walls, but with no door or windows. This was perhaps a way of saying that her whole body was erotogenic, that she was caught up in a *jouissance* that was overly intense and in the impossibility of representing herself. The only way for her to feel that she existed was to resort to an extreme self-erotization, leading her to experience an ‘exquisite’, almost unbearable pain. It was the only way of not plunging into the void. Claude taught me about the function of pain in a Subject who is unable to feel that his/her body really *belongs* to him/her. On one occasion, crippled with pain, she went to see a hypnotherapist. During the two sessions with him, she developed a sort of acute otitis which prevented her from hearing her voice.

It was only then, after three years of analysis, that Claude was able to speak about the passionate⁵¹ transference that had taken hold of her since the initial telephone interview, a passion that was consuming her and literally destroying her. She then decided to end the analysis. I subsequently received dozens of anonymous, tear-stained pages in which she screamed out the pain that she had been unable to express during the sessions.

Here are a few fragments which helped me retrospectively to gain access to her difficulties:

Addressing you familiarly as ‘tu’ is a cry for help; but in using this form, I am not addressing anyone anymore. Addressing you as ‘tu’ is simply a way of abolishing the distance that I cannot fill with words.

This relationship has become atrocious and the pain is wearing me out. You asked me to speak of myself; I tried to look into my inner self, but there was nothing, nothing but emptiness; there were no expressible words, and I shut myself away in this void. All my desire went out

towards you, and it is as if I have destroyed everything in myself.

I feel as if I am cloned somewhere, and it is impossible for me to escape from this double that is compressing me. I lie to myself in order to lie to you, really lie to you, and I am only lying to myself, and I am nowhere. I can't stand my absence any longer, this cut in me; a barrier has cut me in two, I have put you inside me to hide this void, why have I devoured myself with you?

By only wanting to believe you, I have killed myself. I have sequestered your life and I have filled myself with a dead vitality. How is it possible that I have lost my life so brutally and how can I have allowed myself to be despoiled like this?

I have let you inscribe yourself in me; or rather, I have moved all the furniture around in myself. I have pushed everything up against the walls to make room for you, and you are not there. I am lost in this void.

Why do I experience every relationship as a failure? Because being alone with someone in a room terrorises me. In that situation I am no one. I don't exist; I don't know what role to play. I am an abstraction, invaded by the other, incapable of meeting the challenge of words, sullied.

I have always been a nothing who wanders around from day to day; I am perhaps someone who sees the other side of the mirror too much, and the other side of words too much. I am in front and behind at the same time.

One day I told you that I ought to go off with a suitcase and land up anywhere. But anywhere is still not sufficiently anywhere. Everywhere, memory without memory will be painful, the memory of a time, or only time, or an idea of myself. Future memory, perhaps. Does another voyage of the mind exist?

Perhaps I feel less absent from myself far away from you than if I am near you. But I need a link all the same. I don't know how to build this link-space. I will have to decide for one side and not both at the same time; both shadow and sun are necessary, but with the pain, I can't tear my eyes away from the inside. I have the impression that until now I have lived in the wrong side of myself. Perhaps I should stop writing and get involved again, but getting involved sometimes means using writing.

P.S. Concerning the tortoise, have you thought about that? It is vulnerable if you put it on its back!

While I was writing this clinical fragment, I received, after years of silence, a brief and anonymous message from Claude, in which she addressed me with the formal 'vous' form. I told her about my project of publication; she was happy about it and sent me some collages and the notebooks of her personal diary which, she said, 'might be useful'. She had entitled this diary, which she had kept since the last summer of the analysis, 'Odds and ends of a tightrope walker'.

Claude has experienced a passionate transference. She has been traumatised, even paralysed or immobilized by the intensity of the encounter with her specular image. I was very surprised, retrospectively, by her capacity to block out her psychic suffering during the analysis. Behind her 'great indifference' and her humour, was hidden an individual plunged into a sense of non-existence. Her writings express very subtly all the pain associated with the figures of emptiness in her. The sensation of being present in the analyst's space-time was too strong. As early as the telephone call, she had inscribed herself in a *primordial*⁵² transference, an archaic fusional relationship in which the Subject only feels he exists through the emotions and the speech of the other, still being 'without a body' that *belongs* to him. The permanence of the primordial transference thus reveals the *unconscious enclave*, that is, the primal *autistic* organisation of the sense of having a body. We can consider this organisation as autistic because it structures the exchanges

of energy which take place during foetal life,⁵³ in the sense that the infant's body *belongs* to the mother's body, a bit like the placenta, which excludes any possibility of thinking of a separation that is not deadly. Claude expresses this feeling very well by writing 'why have I devoured myself with you?'

The introjection, or the incorporation of the speech and 'presence' of the other (in space and time), is the only link that maintains a psychic continuity of her being in the time of consciousness. She calls this transferential link a 'link-space'. The *word-link* had the same function in Charlie's analysis. Claude only feels she is present in the space of the other, dissociated from her own time, and so without any exchange. This link-space necessarily implies, if the other lives and exists, the effacement and disappearance of the Subject, dissociated from his own time. 'I have sequestered your life and I have filled myself with a dead vitality' is how she describes the *primordial transference*, which she does even better in the collages. Here are three of her collages the first of which, 'Psychoanalysis', was addressed to me.



1. 'Psychoanalysis'

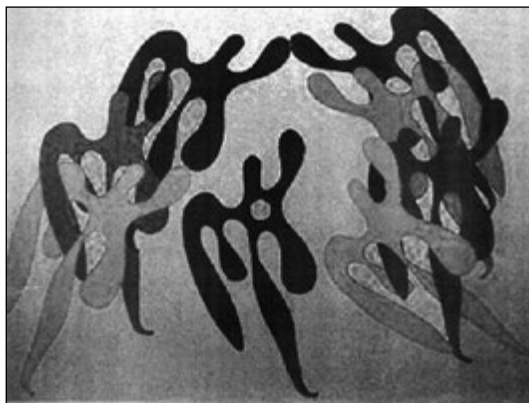
'On the left, there is a deformed body with a supplementary burden at the level of the right shoulder. The motif is right in the middle of a pool of blood. It becomes empty, full of blood, and the head is down below. On the edge of life.'

'Psychoanalysis' shows an image of the body upside down: in the transference, Claude sees herself as being inside a dead body, lying in a pool of blood, her energy and her blood transfused into the analyst, as with communicating vessels. She feels totally emptied, with the impression that her head is down below, just above the ground. It is worth noting that this sensation is the same as that felt by astronauts during weightlessness in the space shuttle.



2. 'Unique form of continuity in space'

'Unique form of continuity in space' expresses the sense of psychic continuity that she feels only in the 'eyes' of the other. She can only feel she exists in conscious time (she is painted in white in the collage) in a fusional link (a *link-space*). Her *post-scriptum* makes it clear, moreover, that the absence of my gaze during the analysis made her more fragile and pushed her into non-existence.



3. Solitude

'Solitude' screams out her impossibility of 'seeing' herself and of feeling alive in a space separate from others. She represents herself only as a virtual Subject of bodily identity (a point or dot painted in yellow) inside a body suspended in the shade (figure painted in black) at the centre of space-time (at the centre of the collage). She feels alone and immobile, surrounded by others who are moving around her (painted in yellow, blue, grey and black). Here she is expressing her incapacity to feel she exists in a situation of interaction: 'Why do I experience every relationship as a failure? Because being alone in a room with someone terrorises me. In that situation I am no one.' In effect, in the presence of someone in the same room, she feels she disappears; she is caught by the gaze and the 'presence' of the other, and she sees herself as being the other side of the mirror: 'I am perhaps someone who sees the other side of the mirror too much; and the other side of words too much. I am in front and behind at the same time.'

We have already understood this experience as being connected to the transference in neurotic patients.⁵⁴ What Claude is describing here, however, is a transference that is closer to the primordial transference, that is, a transference of the unconscious image that is insufficiently integrated in the symbolic image and conscious time. She cannot recognize

herself yet in the specular image that she discovers and, blinded by its intensity, she regresses to her unconscious image: she feels she is upside down, with her head down below, like a foetus that has died before birth, having the impression that she does not really exist and that she is not visible (which is the specific status of the foetus). Energy and vitality (blood) are exchanged with the analyst, situated in the place of the primordial other, in a fusional space-time, like communicating vessels: if one is 'full', the other is 'empty'; if one lives, the other dies. Here we can identify the presence of the archaic fantasies *one life for two and one body for two*,⁵⁵ which I have already mentioned and to which I will return later, as well as the permanence of a primordial transference in which the mother is at the origin of all the energy and intentionality of the movements of the foetus. This archaic experience, connected with a very severe failure in self-recognition, reveals the presence of the autistic enclave and consolidates the intuition that the foetus perceives itself in the inverted functional schema of the mother, as is shown by the image of the inverted or upside-down tree. It is also possible to deduce from this clinical fragment that during pregnancy, as in the primordial transference, the mother and child share their lived experience and perceive themselves mutually in a fusional space-time.

CHAPTER 2
**CONSTITUTION OF THE
SCHEMA OF THE INVERTED
TREE OR OF THE CHILD'S
SELF-PERCEPTION**

I. Experience in a Sculpture Studio

At the same time as I was thinking about the nature of the fusional tie in the schema of the inverted (or upside-down) tree, I was attending an artist's studio/workshop in stone sculpture, where most of the participants were women. Most of them were sculpting pregnancies or works pertaining to the mother-child relationship.

Having started myself to model a mother with an infant in her arms, I was very surprised to see a 'very' pregnant woman emerging from the clay, ready to give birth! The sense of *uncanniness* I had in front of my model made me understand that I had come to the end of a long process during which an idea had been incubating, and that I was, as it were, about to give birth to it!

The sculptures by Voledda, the artist who ran the workshop, marked a significant stage in the development of my ideas. Voledda had done a series of five sculptures depicting the succession of the different phases of the fusional mother-child tie during procreation. The first, called 'Fusion I', represented a pregnant woman clasped in her husband's arms. This sculpture

depicted the initial phase of the fusional tie during pregnancy. Then, there were the three sculptures that she had called 'Giving Birth or Trilogy of Separation', representing the rupture of the fusional tie at birth. The first, called 'Pain', depicted a woman bearing a heavy cross on her back. The second, called 'The Mother's Death', represented the parturient woman sitting with her own dead mother in her arms. The third, called 'The Child's Death', represented the parturient woman sitting with a dead child in her arms. The last sculpture, called 'Fusion 2', depicted the child standing upright, entwined with his mother and the father, forming a fusional body. This sculpture depicts the fusional parent-child tie which is formed again after the birth. These sculptures help us to see on the one hand that a fusional tie is operative during the pregnancy and after the child's birth, as was indicated by the image of the inverted tree; and, on the other, that the grandmother participates in this fantasy linked to procreation. However, we will only see later on, in the theoretical part of this book, the unconscious significance of the three sculptures depicting childbirth.

In this studio, I also had a very fruitful experience connected with the theoretical questions that I was raising on the *enclave*. One day, Voledda spoke to me about one of her women students. For the first time in her life, Malka had had a severe crisis of asthma in the studio, and, since then, this crisis had reoccurred each time she was about to cut stone, which was very distressing for her as she was passionate about sculpture and experienced these crises as getting in the way of her artistic activity. So I asked Voledda to show me the model that Malka was preparing to cut.

Here is a photo of the sculpture. It represents dancers.



Sculpture by Malka n° 1 UNCONSCIOUS FUSIONAL SCHEMA

I glanced at the model and exclaimed, laughing, that it seemed difficult to be able to breathe under such conditions. In fact, this sculpture shows that the woman is being suffocated by her partner, whom she cannot see, and that she is letting him support her whole weight (only the tips of her toes are touching the ground). A short time after, Voledda spoke to Malka about my reaction. During this experience, I did not meet Malka; she just knew that I was a psychoanalyst. In spite of this 'interpretation', and although she had gained considerable insight into her difficulty, Malka's asthma attacks continued to such an extent that I suggested that she work on another model in which the woman could breathe more easily.

Here is the photo of the second sculpture:



Sculpture by Malka n° 2 PRECONSCIOUS FUSIONAL SCHEMA

To everyone's surprise, once the second model was finished, Malka never suffered from asthma again. She had needed, as it were, to *imagine and visualise* the couple's movements to be able to let go of her symptom. Indeed the sculpture shows her partner's arms leaving her neck free, thus allowing her to breathe. Moreover, it can be seen that this time the woman's feet are touching the ground, though she continues to let herself be carried by him a bit and is still not looking at him. Malka was troubled by what was happening to her and told Voledda that she had found it very difficult to model this second sculpture: she felt very anguished and found it impossible to model a woman moving freely. She could only depict her passively, directed by her partner, unable to anticipate her own dance steps, and clasped in his arms leaving her no space, as in the first model.

Intrigued as much as she was by this impossibility, I suggested to Voledda to get her first to imagine and then to model a woman breathing and moving 'by herself', while remaining in her partner's arms.

Here is the photo of the third sculpture:



Sculpture by Malka n° 3 CONSCIOUS FUNCTIONAL SCHEMA

This sculpture shows the woman entwined with her partner, dancing. We can see that both bodies are separated by a 'void'.

The woman is positioned facing her partner and both of them are watching and coordinating their foot movements. This work was apparently difficult for Malka, but the realisation of this trilogy enabled her, she said, to make big steps forward.

Her first sculpture shows us the existence of an unconscious fusional schema in which there is only enough air for one person, expressing the archaic fantasy of *one life for two*. Only the mother has the unconscious intentionality of the survival of the fusional body that she forms with the child.

The second sculpture, and Malka's difficulty in imagining the woman free to anticipate her own movements, shows the existence of a preconscious fusional schema expressing the archaic fantasy of *one body for two*. Only the mother has the preconscious intentionality of the child's movements and the capacity to anticipate them. This depiction of a woman stuck to her partner, letting herself be carried a little, also reminds us of the first phase of the work with Kitsou Dubois: it was she who, anticipating the movements, led the dance that created a sensation of lightness in me.⁵⁶

This sculpture may also be compared with 'Fusion 2' by Voledda, in which the child 'is dancing' stuck to his parents.



'Fusion 2' CONSCIOUS FUSIONAL SCHEMA

The three figures also form a fusional body; the only difference with sculpture n°2 by Malka is that the child is *facing* his parents (inversion of the specular image) but, as he is still stuck to them, he lets them carry him a bit, while still being able to 'see' his own feet and to coordinate his steps with theirs. 'Fusion 2' shows us the existence of a fusional schema in conscious time with the permanence of the archaic fantasies (*one life for two* and *one body for two*).

Malka's third sculpture, on the other hand, had shown us the functional schema in conscious time, an egocentric schema that is now dynamic and separate. In the functional schema, the archaic fantasies are no longer operative. This representation is reminiscent of the end of the work done with Kitsou Dubois; the woman is not so light but autonomous.

TABLE II: BODILY SCHEMA AND ARCHAIC FANTASIES

UNCONSCIOUS FUSIONAL SCHEMA	<i>one life for two</i>
PRECONSCIOUS FUSIONAL SCHEMA	<i>one body for two</i>
CONSCIOUS FUSIONAL SCHEMA	permanence of archaic fantasies
CONSCIOUS FUNCTIONAL SCHEMA	dissolution of archaic fantasies, creation of an autonomous and dynamic egocentred body.

Somewhat wiser for this experience, I thought I would introduce work with modelling clay into my treatments: I suggested to my patients that they represent themselves as a child in their mother's arms. I added that this proposal, which I only made at a specific moment in the treatment, formed part of a process of research that might help them create a more lively perception of their bodily space. The explanation was

necessary because this recourse to a form of mediation took us outside the strict frame of analytic treatment.⁵⁷

The protocol used was very precise: they were asked to depict themselves as babies in their mother's arms and to trace the direction of both the mother's and the baby's gaze. The mother was to be upright with the infant making movements helping the mother to carry him. Next they were asked to model themselves as adults, standing upright, with their mother in their arms, while trying to achieve some resemblance. The third representation required was of the adult patient and his/her mother walking side by side.

These three clay sculptures help to construct an autonomous functional schema in conscious time, as the patients are obliged to change the kinetic centre of reference. In the first, it is the mother who carries the whole of the child's weight and who is at the origin of the action; and in the second it is the child. If the patient represents and *visualises* this transition with the modelling clay, it will be easier for him/her to separate from the mother and to cross the 'void' of time necessary for becoming autonomous (except if the mother is sick or very old). These clay sculptures reactivate extremely intense and repressed bodily images, which often find expression for the first time.

This exercise was, for the most part, a very painful one because the modelling obliged them to face their extremely problematic tie with their mothers. Often the clay models have no volume, the mother's body and the child's body are fusional, two-dimensional, in a preconscious image.

Here, as an example, is one of Anita's clay models:



View in profile

The identification with the mother is so strong that those patients who represented it in the lying position, like Anita, on the pretext that there were technical problems linked to the consistency of the clay, remained immobilised for several days owing to incapacitating back pains.

It also frequently occurred that, during the modelling, the baby would fall repeatedly, suggesting maternal violence and inadequate *holding*. This research allowed me to apprehend recurrent unconscious experiences such as the absence of coordination between the mother's movements and the child's, and an identification of the child with the mother's face and body (more evident in woman), which I had already identified in other treatments. But the most interesting observations for understanding the enclave phenomenon were, firstly, that the babies were carried in such a way that their faces *could not be seen by the mother* (either on the mother's back, or against her breasts, like Anita, or, in particular, on her hips); and, secondly, that often the baby's body had no arms, legs or eyes (in other words, it was represented without 'vision' of a functional image).

During the modelling process, the patients commented on their activity or reported their experience to me if they had worked at home. Bearing in mind the experience with Malka, I asked them to remodel during the session the mother-child couple, while restoring the coordination of their movements and their gazes. For some, the modelling was very profitable and had surprising effects on their capacity to feel alive.

This research confirmed my intuition that, on the one hand, the child often remains 'enclaved' within the mother's fusional schema, as Malka's two sculptures and Voleda's 'Fusion 2' have shown us; and, on the other, that there exists a close link between the neuroses, the lack of a sense of really existing, and the absence of the mother's 'gaze'.

II. *The Sense of Belonging to One's Own Body*

On the basis of these observations, one can understand better why neurotic patients, and particularly bulimic or obese patients, attribute their body weight, their belly, and their excess fat to their mother. One might expect, on the contrary, women who retain excess body weight after childbirth to attribute it to the child, but not at all: it is always attributed to their own mother. Moreover, some women, even after giving birth, continue to feel that their child is inside them. 'I was born post-maturely, at about 10 months,' a patient told me; 'I weighed about six kilos. My mother always says that she is still carrying me in her womb. The older she gets, the more I am inflated like a hot-air balloon, even though I don't eat much. I know that I will only be able to let go and fly away freely after her death.' Similar clinical remarks can be found in Ferenczi's work:

'H.'s spontaneous statement on her fatness: 'all this fat is my mother'. If she felt freer inside from the disastrous (introjected) mother-model, then she noticed a decrease in the fat padding, and at the same time she lost weight.' (Ferenczi, 1930, p. 227)

In this posthumous article, a maternal biological model and a primitive identification with the aggressor seem to him to be at the origin of a biological superego and the cause of neurotic symptoms such as hysterical 'fattening'. He pursues his elucidation, moreover, by adding:

'A precondition is the existence of an 'intelligence' or a 'tendency to deal with things economically', with an exact knowledge of all the qualitative and quantitative energy charges and possibilities of the body, also of the ability of the mind to accomplish, to bear, and to tolerate; in the same way this intelligence can estimate with mathematical exactitude the distribution of power in the external world.' (p. 228)

One can compare the ‘intelligence’ Ferenczi refers to with the concept of *internal model of perception** and add that an overly intense introjection and identification with the ‘unfortunate’ maternal internal model are likely to cause, apart from neurotic symptoms, functional disturbances of self-perception and of the sense of belonging to one’s own body, as we have seen with Claude.⁵⁸ The creation of the internal model of perception of the primordial ego of the foetus would involve a sort of primordial identification with the mother’s primitive neurobiological superego, an identification that would permit the child to have a sense of belonging to his mother’s body. You will recall, moreover, the difficulties expressed by bulimic patients in feeling that their lower body belongs to them and in experiencing the intentionality of their arm movements: *this hand that is stuffing me is not mine; it’s my mother’s*. All these clinical elements show that an overly strong identification with the maternal functional schema can lead to disturbances in self-perception and deficits in the perception of one’s own body or a part of the body (*spatial negligence*⁵⁹, as we have seen, in weightlessness). Berthoz (1997, p.84) cites the example of a patient whom he defines as somato-paraphrenic. She constantly attributes her left arm to her mother and only recovers its use and the sense that it belongs to her after an injection of warm water in her ear, thanks to the caloric stimulation of the vestibular captors of gravity.

So we can reasonably suppose that a lack of ‘visual’ information linked to the earth’s gravity, due to a marked primordial identification with the mother, is at the origin of mental pathologies and functional disturbances of self-recognition. The functional disturbances can sometimes be very severe, and can even involve a definitive neurophysiological lesion.

This hypothesis nonetheless raises certain questions: if the foetus is constituted in the mother’s functional image, how can the infant *feel he/she exists* after birth? How can he integrate the sense of having a body that belongs to him in a space and a time that are different from the mother’s and so emerge from

this *mirror ‘I (play)’*?⁶⁰ Two clinical fragments will provide the outlines of an answer.

1. SYLVIANE, THE WOMAN WHO TOOK HERSELF FOR AN ELEPHANT

Sylviane’s history

Sylviane, a beautiful, dark-haired woman of about 44 years of age, was dressed in black from head to foot when she came to see me. Smiling, and casual in manner, she entered my consulting room and commented on everything she saw around her: furniture, bibelots, paintings, and so on. She came to see me for a problem of bulimia which had been getting worse of late, and because of relational difficulties with her daughter Anémone, an adolescent in revolt, who was also bulimic.

A journalist and writer, Sylviane had been living for four years in a fusional relationship with Michel, an unemployed architect. He was depressive and had a tendency to turn to drink in moments of distress.

Sylviane said that she had always felt alien because she was not like anyone else, which meant neither like her mother nor her daughter. On the other hand, she felt she shared a physical resemblance with her father, who had died when she was three, of whom she had found a photo in a trunk. During an earlier, first analytic experience, grief and mourning connected with her father had occupied the scene until she had a breakdown; this worried her analyst who then proposed that she should be hospitalised. At this point, Sylviane broke off her treatment.

She scrutinized me at length and asked me if I was robust enough, if she could really trust me. Then she began to speak about her only real problem: food.

Very often, during the day and sometimes during the night, she would take in huge quantities of food until it made her feel sick. Recently, she had been making herself vomit. It was Djamila, her best friend, who had suggested this to her. As for

her close relations, they were, of course, completely in the dark about all this. She told me about her despair, her disgust with herself: she felt she was indecent, ugly. Since her adolescence, she had been hiding her body in black clothing. She avoided mirrors reflecting an image of herself that she hated, especially since she had the *impression that she could see in the mirror the image of her mother's face*, and this made her very angry.

Her first analysis had enabled her, she said, to separate herself from her mother, whom she now saw very rarely. Nonetheless, she was aware that overeating came down in part to taking revenge, to *filling herself with her* and making herself an object of shame for her. Her forms, her belly didn't really belong to her. 'It's not me, it's my mother', she assured me.

I suggested exploring the unconscious archaic registers that had not been investigated before. Indeed bulimia expresses an incapacity to represent oneself and to really inhabit one's own body. The compulsive character of her crises led us to carry out a sort of 'inventory' with the help of analysis and the naming of affects, emotions, and sufferings which she was still unable to feel or recognize as her own. By identifying the violence to which she had been subjected, she would be able to liberate herself from the violence that she was inflicting on herself and to gain a sense of existing personally.

To illustrate the hypothesis of the 'uninhabited body', I introduced a metaphor elaborated after years of listening to bulimic patients. Was Sylviane not rather like a funambulist, who, not having learnt to walk, was condemned to move around in the air on a tightrope?

She rejected the comparison virulently and retorted that, on the contrary, she had once been the laughing-stock of her class at school because she was incapable of lifting her feet off the ground. As soon as she had to run or jump, she felt awfully heavy and unbalanced. Subject to 'hypergravity', she also experienced orthostatic disturbances (sensations comparable to those felt by patients during sessions). What's more, she added, she never wore high-heeled shoes and suffered from a

real difficulty in 'moving forwards', as if she were stuck in her mother's body – such a heavy mother that she (Sylviane) took herself for an elephant.

Sylviane then began to tell me about her history. Her grandmother had been about 40 when she gave birth to her first child, Mona, Sylviane's mother. Very weak, and probably diabetic, Ani died from the consequences of childbirth. According to the family legend, Mona weighed six or seven kilos when she came into the world. Her father, Marcel, who was deeply shocked by his wife's death, only agreed to see Mona several days after her birth, and had the greatest of difficulty in recognizing his daughter in this newborn who had the size of a two-month-old baby! But the family legend also had it that Mona's eyes and beauty had seduced Marcel so much that his doubts soon left him. This superb baby was indeed his child!

Sylviane clearly took pleasure in telling the story, and, in a rather Rabelaisian manner, dwelt voluptuously on the scene of the father fascinated by his daughter, relegating the drama of her grandmother's death to the background of her narrative.

So Sylviane started an analysis that was to last for six years, on a three-times-weekly basis.

Mona was born in Germany, where her parents had taken refuge after fleeing the Armenian genocide. She settled in France with her father Marcel, who took an active part in the Resistance during World War II. This big fan of women did not remarry and led the life of a couple with his daughter, causing a lot of gossip in family circles. He was a jealous and choleric man.

Sylviane did not know much about her mother's life. During her first analysis, she had questioned Mona and learnt that it had not been intended that she should live.

Indeed, when she was about 40, Mona found she was pregnant. Farid, her lover, a dental surgeon of Lebanese origin and a friend of her father's, was retired and sick and did not want to have a child. She kept quiet about her pregnancy and decided to have an abortion. But she did nothing about

it, and, six months later, the roundness of her forms and her amenorrhea meant that she could no longer deny the obvious. She was well and truly pregnant! Farid took the news quite favourably; as for Marcel, Mona's aged father, he was overjoyed. Usually sparing with compliments, faced with his daughter's advantageous forms, he exclaimed: 'You are as beautiful as an elephant!' Ever since that day, Mona had taken to worshipping elephants.

Marcel, who died shortly before Sylviane's birth, never knew his granddaughter.

Farid was suffering from cancer. He stayed at home and devoted the majority of his time to his daughter, helped out by Maria, a domestic, who had been in his service for thirty years and with whom he had ambiguous relations. As for Mona, she ran a business in which she invested a large part of her energy.

Farid succumbed to his illness before he had decided to officially recognize his daughter. Soon after, Maria disappeared without leaving an address. Little Sylviane was three years old. Her father's death was not mentioned at all by her mother, who remained so silent about it that Sylviane developed a strong sense of guilt and shame. For many years, she invented a loving father whom she spoke about, as if he was alive, to her teachers and schoolmates, which meant that she could never invite anyone home. One often encounters this denial in child orphans who feel responsible for the death of a parent and guilty for surviving, and guilty because they feel enormous anger towards the one who has died on account of being abandoned.

At home, a heavy and suffocating closed-doors atmosphere prevailed. Around the mother and daughter, there wasn't a living soul to be seen; there were no plants, no animals, just a state of confinement cut off from the outside world, with no music, no radio, and no noise. Sylviane had a phobia about dogs. Her mother often told a story about Pestic ('little one' in Armenian). During the war, Mona's father declared one day that he could no longer feed Pestic, a big voracious Alsatian, and decided to abandon it far away from home. But the dog

found its way back. Unhappy about this unforeseen turn of events, Marcel poisoned it. Sylviane then developed a phobia about her own needs, and in particular about her hunger which might prove fatal for her. This same terror can be found in all bulimic patients.

Since Farid's death, Mona had been living stuck to her daughter. When she did not sleep with her, she spent her nights questioning cards while waiting for a better future. Sylviane was afraid of the night. In the evenings, after asking her mother what she should dream about, she had difficulty falling asleep. She could not bear being separated from her mother's presence and fantasies, even in her dreams. She suffered from hypnagogic illusions and felt she was being absorbed by a frightening magma. She frequently had nightmares, one of which was recurrent and terrified her in particular: in the dream, she was being pursued by a witch, a 'queen of spades', and would then fall endlessly, without ever reaching the ground. This repetitive nightmare already expressed her difficulties in feeling she really existed.

Mona, who worshipped beauty, treated her daughter like a doll without any personal space, subjected to her rites and demands. For the slightest prank, or the slightest sign of rebellion, Sylviane would hear the reproach, 'But how dare you speak to me like that, I did not even have a mother!'

Frightened and obsessed by death, Mona repeatedly told Sylviane, 'Living is very hard, but dying is very easy.'

She was perpetually on a diet and would not allow anything sweet in the house, and from time to time, she would have a fainting fit in front of her terrorised daughter, most probably from hypoglycaemia.

Sylviane's memories of her childhood were ones of solitude, abandonment and sorrow. She depicted herself as a child waiting very painfully for her mother to return home – a mother who would sometimes forget to go and fetch her from her dance course or the swimming pool, but would not allow anyone else to take care of her in her absence.

The holidays always followed the same scenario. Mona would take her daughter with her in the car all over Europe, but without any precise objective. She liked driving fast, with her little *Mitfahrer* (fellow-passenger) at her side. Mona would talk, ask her daughter questions, ask her for advice concerning this and that, and make fun of what her *Mitfahrer* would say in reply, the latter's sole function being in fact to keep the driver awake. Sylviane also had to make sure she didn't fall asleep; if she let herself go in the slightest, she would get a sharp slap.

Sylviane was nine when her mother met Philippe. She married him and he officially adopted the little girl, who now had her own bed again. But the separation from her mother was, of course, illusory. Philippe and Mona soon started to make Sylviane a witness to their passionate and stormy relationship. Mona disclosed her pain, her private life, her sexual dissatisfaction and Philippe's impotence to her. No real separation was conceivable for either of them. For instance, the only attempt to distance themselves occurred when Sylviane was ten: she went on a children's holiday camp, but her stay was cut short because she had to be repatriated in emergency on account of a stubborn bout of constipation verging on intestinal occlusion, which would have required surgery. By keeping her faecal object inside her, she was able to deny the separation and maintain a fusional image. This anxiety of disappearing *down the toilet hole* can be found in patients during a long interruption of sessions or when they start using the couch after being in the face-to-face position.

Once she was home again, moreover, Sylviane told her mother about the fear that had taken hold of her in the holiday camp: 'It was a strange fear,' she said, 'I was afraid of forgetting and losing my own face for ever.' Here we can recognize the anxiety linked with the unconscious experience of disappearing far away from the mother's gaze.

What sort of man was Farid, her father? What sort of relationship had he had with her mother? Mona never spoke about this. On the other hand, she constantly referred to her

memories of her own father, Marcel, a cultivated man who loved travelling and was a photo enthusiast. Moreover, she offered his camera to her daughter, as well as part of his library.

Sylviane was now a pre-adolescent and her first periods both delighted and frightened her. Mona did not stop telling her about the details of her sexual life and intimate matters, a sort of logorrhoea that in no way encouraged her daughter to confide in her in turn and to ask her questions. For Mona, becoming a woman was something threatening and meant giving up the joys and sweet pleasures of childhood. Djamila, Sylviane's school friend, spoke to her about periods and sexuality, but Sylviane felt guilty for receiving information and for talking about these intimate matters with another female. So one day, claiming ignorance about the menstrual cycle, she asked Mona about it, who readily replied and decided it was time for her to wear a bra. Accompanied by Philippe, they both went off to make their choice in a lingerie shop. We can see that Sylviane's body and sexuality belonged to her parents.

Philippe was an author and scriptwriter without renown, with an inclination for alcohol. He was a pleasantly seductive man who was warm to his adoptive daughter. In his moments of drunkenness, under the guise of tenderness, he would sometimes fondle Sylviane. As he was a bit younger than Mona, the latter doubled her efforts to remain beautiful and desirable. On two occasions, she resorted to reconstructive surgery and her daily life was organised around strict regimes associated with a natural and healthy life, which she imposed on her daughter. As a result of one of these diets that was particularly strict and deficient, Mona lost twenty kilos. And Sylviane, who had also lost weight, quickly gained weight again until she had exactly twenty kilos! This resulted in mother and daughter exchanging the clothes that they had worn before this episode. A strange phenomenon of communicating vases was at work here (as in Claude's transference experience expressed in the collage 'Psychoanalysis'.⁶¹

Sylviane was ashamed of her new figure and became more and more hesitant about going out. She spent entire days prostrated, hidden in the basement of the house, lost in her 'blind thoughts', she said, 'as if coiled up in an absence'. She felt diluted in a body without representation. At school, this good student was hardly to be seen any more and the principal mentioned her absences to her mother. Mona then became a real fury, treated her daughter as a 'slut', and predicted she would turn out to be a prostitute. Sylviane got a hammering, swallowing her pain, but offered no explanations. Mona constantly humiliated and insulted her. Clearly, she could not stand the ties of complicity and affection uniting Philippe and his step-daughter. She now attacked Sylviane's corpulence which she described as a 'family shame', and, in an ultimate assault, threw her out of the house, accusing her of having tried to seduce her step-father who remained impassive and did not take a stance.

Years of wandering followed, marked by drugs and alcohol, strewn with numerous and fleeting encounters of all kinds. But Sylviane was tenacious. Thanks to her passion for photography and her leanings towards literature, she managed to get a job as a journalist, and then as a reporter. During a trip to Lebanon, she fell in love with an important reporter, a 'citizen of the world' who refused to get attached to anyone, from whom she was expecting a child. Shortly after, she learnt from the papers that he had died in Lebanon and so now she would never know if the child she was bearing would have made this man decide to form a lasting relationship with her.

A little girl was born called Anémone. Sylviane renewed contact with her mother, who was now divorced. Philippe had left to try out his luck in California, and Mona, who lived alone, cheerfully accepted her status of grandmother.

'I never imagined that I would see you one day as a mother', she said to her daughter the day they met again. This impossibility of imagining, of projecting a possible future for the child, pushed Sylviane to repeat and act out the parents' unconscious

fantasies. Mona gave Anémone a lot of attention and Sylviane began to feel increasingly excluded and dispossessed of her daughter. As soon as she had to go away to cover a story, it was 'Mamouna' who looked after the little girl. The young mother travelled a lot for her work and also found the time to write a collection of short stories with the Middle East as a magical backdrop, as well as a crime story entitled 'Investigation into Ani, the town that disappeared' (an allusion to the Armenian capital destroyed around the year 1000 AD.)

Sylviane started a first analysis when she was about 30. She then met Michel during an interview. Four years later, she came to see me. She was then 39.

Account of the treatment in four phases

- FIRST PHASE OF THE TREATMENT

At the beginning of the treatment, she was almost entirely concerned with issues of food. Sylviane recounted in great detail her crises and her days organized around bulimia. The crises left her in a state of stupor and self-disgust. She felt ugly, sullied, and hastened to efface the traces, to get rid of the boxes and packaging, all of which constituted evidence or exhibits of her 'crime'.

I was struck by her manner of reasoning and thinking. She had gifts for police investigative work, and moreover this was how she envisaged the analysis. She wanted to discover the crime she felt guilty about, even though she had no memory of it. She added that the fear of seeing horrible, really unmentionable things emerge during our work in no way weakened her determination to see it through to the end.

In her daily life, she was eaten up with guilt. She felt guilty for her father's death, for the problems of her daughter, Anémone, and also for undertaking an analysis. She was able to work, but complained of difficulties of concentration coupled with a necessity to nibble constantly while she was writing. I have often heard about this need to drink and eat in order to write,

rather as if the fact of inscribing one's own presence on the sheet of paper, which is separate from oneself, implies *de facto* a very frightening sense of discontinuity.

After a few months of analysis, she said she felt relieved: Anémone, who had just been through an anorexic episode, had also begun psychotherapy. A few weeks later, Sylviane announced to me that she was pregnant and that she intended to keep the child. In spite of Michel's precarious professional situation, the couple had in fact decided to have this baby, who would thus be born of a mother aged 40, like her own mother and grandmother.

Mona then learnt that she had breast cancer. The news deeply affected Sylviane, who was doubly prey to anxiety because Mona ordered her to have an abortion. She had consulted her tarot cards and she was sure that this pregnancy augured very badly for both the mother and the child. Sylviane found herself at grips again with the nightmare of her childhood. The menacing queen of spades began to haunt her nights again, but this time the witch was pursuing her, brandishing a knife.

It was a difficult pregnancy! Contractions and bleeding obliged her to lie down whenever possible. She was found to have a small adenoma of the hypophyse. When she learnt that her baby was a girl, the future mother was invaded by impulsion phobias. She felt attracted by the void, by the wish to throw herself under the *metro*; she could not drive her car anymore, and was haunted at the same time both by the fear and wish to die. She was experiencing and acting out, in a way, her mother's prophecy and fantasies. Though overwhelmed by his companion's misfortunes, Michel did his best to rally round her and support her. Sylviane was also obsessed by Mona's cancer and feared that her mother would die before her baby was born. Feeling extremely guilty towards Mona, Sylviane felt she had betrayed her.

We talked together about the right to individuation, for she was inhabited by the fantasy that her individuation would bring about both her mother's death and her own. For her, becoming

a mother implied either dying herself, or causing the death of the child or her mother. This fantasy was deeply rooted in her, as if only one life was possible, *one life for two*. My interpretations led to a lessening of her suicidal impulses, but her death-anxiety linked to giving birth persisted. She was expected to give birth around the anniversary of her mother's birth, as a result of which her own mother had died. I supported her wish to bring on the birth by having a caesarean, fearing a traumatic repetition that unfortunately is very frequent. In view of their patient's state as a high-risk pregnancy, her doctors agreed.

The delivery went well and the 'ideas' that crossed Sylviane's mind did not undermine her joy. 'Weird ideas!' she told me later. Ideas that were completely inexplicable for this young mother who was surprised to catch herself thinking: 'Now that my daughter is there, I am dead.' Without the presence of the child in her, the void was intolerable. Giving life meant giving *her* life to the child, but a life that did not belong to her yet because her body still *belonged* to her mother.

Sylviane called me from the maternity ward to announce the birth, and when I asked what her little daughter's first name was, she simply replied, 'We don't know yet'. Two days later, the baby was named Josiane, due to the great resemblance with her father (Josée being the first name of Michel's mother.) Sylviane gave her daughter lots of attention, breast-fed her, and could not imagine weaning her as long as she still had milk; in other words, she could not even imagine the possibility of separating from her daughter. There was no longer any question now of running all over the place, of travelling the world for her work. She wrote a lot of journalistic pieces, but they did not hold much interest for her. She wrote, in fact, with the sole aim of earning sufficient income for her household needs, which allowed Michel to work flat out for competitive examinations in architecture. She accepted being a sacrificial breadwinner.

During the first phase of the analysis, the perception I had of her was that she was vigilant and always on the watch during the sessions. She was sensitive to the slightest noise, to

the slightest displacement of familiar objects, to the slightest gesture of mine. When I answered the telephone, it was as if she remained suspended from an invisible thread and lost the train of her thoughts. She tolerated the interruptions of the holidays well, never missed a session, and always arrived slightly in advance.

‘Being in a session’, she said, ‘is like being alone in a hammam’. She perspired and would often take a bottle of water out of her bag, drinking straight from the bottle while talking to me, as if it were totally natural. In this way she was expressing the permanence of the *primordial transference*⁶²: she was inscribed in conscious time but without a specular image. She felt alone in a hammam, without an opening, without a mirror, and without having the feeling of being in the presence of an ‘other’. This made her drink in order to feel she existed more. Rather like the foetus in its mother’s woman. Claude’s transference experience was still closer to the primordial transference; in the analyst’s presence, she no longer existed at all; she ‘became’ the analyst by effacing herself and emptying herself literally of all her blood, without being able to fill herself up again by herself. Sylviane, on the other hand, felt she existed a bit in my presence, which she experienced as a source of great warmth, but even the steam of the hammam merged with her perspiration whose acrid smell invaded my office. This perspiration gradually disappeared; it was just a manifestation of the primordial transference, a way for her of creating an archaic link-space, a link of ‘belonging’ which allowed her to recognise herself with me without it feeling dangerous.

My whole work consisted, then, in helping her to differentiate between ‘the closed space of the hammam’ and the outside world. For months, moreover, she would leave the door open behind her on leaving my house.

- SECOND PHASE OF THE TREATMENT

Sylviane was hesitant about continuing the analysis. She said she was terrified by her dependency on me. She claimed that

she expected too much from my elucidations and felt that she was influenced by the books displayed in my waiting-room. She admitted, moreover, to having borrowed a few for the holiday periods, and having put them back correctly in their place afterwards. Her bulimic crises were now less frequent and she felt guilty towards Michel for continuing the analysis.

I interpreted the transference in relation to the omnipotent position that she put me in. She felt she needed to conform to my elucidations so as to feel she wasn’t putting a foot wrong. She felt she was being observed by me, and that I was preventing her from living normally. Here is another manifestation of the primordial transference: the analyst is supposed to have an omnipotent point of view which directs the analysand’s entire life (like that of the stage director mentioned in the introduction). The analyst thus embodies a primitive superego which knows everything in advance, and which anticipates all the possible movements of the child.

In sessions, I often express what I feel. I said how I felt involved in this work and told her, for instance, how I regretted seeing the work interrupted by our respective and often unsynchronized vacations. She was always surprised to hear me express myself in this way, and each time she had the need to confirm the authenticity of what I said. Was I really saying what I thought? Did I really think what I said? Often, however, my interventions reactivated her anxieties and gave rise to erotic dreams concerning me which disturbed her enormously.

In the constructions that I proposed to her, I always emphasized the role in them of my imaginary contribution, so that she was free to adhere to them or not as she wished. I insisted on distancing myself from the supposed knowledge that she attributed to me, and on leading her to accept that my hypotheses and suppositions were not to be taken as truths. When I sometimes advised her to make some painful breaks or separations in order to consolidate her autonomy, I did not hide my own difficulty in doing this.

At this period, Sylviane brought dream fragments in which she was in the basement where, as an adolescent, she used to hide, prostrated. She had several dreams of being chased, mainly by nasty dogs that wanted to bite her. And then, one day, she brought a long and detailed dream about her feelings of guilt, a dream which, in my view, expresses all by itself the difficulties caused by the primal fantasies at work in all pathologies.

Here is the content of the dream. She was on an assignment abroad and witnessed a murder in an isolated house in the town. She was outside the house and followed the scene through the window. She took some photos and ran to the police station. There, she reported the crime that she had just witnessed, but had difficulty speaking in this foreign language and realized that she had lost the film. She had no precise recollection of the victim, as the scene had unfolded too quickly. The police could not find any trace of the crime: no mislaid identity papers of the victim; no one had been reported missing. In rather a tight corner, Sylviane was obliged to remain in police custody for forty-eight hours. She was very anxious, and felt the police strongly suspected her. I found this dream striking and suggested a reading of it that I was to come back to again later in the analysis.

In my reading of it, she is the only witness of the murder her parents committed against her: *the murder of her unconscious image*. There is no corpse, because there is no trace of the existence of the child's body separate from the body of the parents. Nothing remains from this crime. Nothing bears witness to Sylviane's actual existence. None of her identity papers are found; no one has signalled that she has gone missing; there are no photos at all. Her own memory of the events fades quickly. She forgets; the police do not believe her; no one understands very well the language she is using. But who would believe someone denouncing parents who have killed their child! She is suspected of being crazy, and even an accomplice to an abominable and unspeakable crime of which there remains no trace.

Sylviane has survived twice over. The first time, she avoided an abortion, hidden away in the maternal womb; and the second time, after her birth, she survived the separation. She has to pay her debt of survival twice over. She is her parents' accomplice in the murder of her own unconscious body image. In the dream, she loses the film to protect her parents who remain the sole guarantees of her identity, and the sole incarnation of her body.

The only way for her to feel she exists a bit is to make herself their accomplice in the disappearance and erasure of any trace that would bespeak of her actual existence.

This guilt for surviving is to be understood at an unconscious level. Throughout the treatment I came back to the elements expressed in this dream. I thought in particular about the themes of the child who remains a foreigner, an intruder for his parents; of the child who creates a language to communicate with them; about the impossibility for the adult of believing in the child's speech and for the child to believe in his/her own speech.

At this stage of the analysis, I tried to loosen the fusional ties uniting Sylviane with her mother, with her daughters, and with her companion. I proposed imaginary and real cuts accompanied by the nomination of imaginary or real ties. I will take as an example the money/umbilical cord uniting her with her mother. Mona had always had a power of attorney over her daughter's bank account: the authorization to look at the account, and to withdraw and transfer money without informing her. Sylviane 'extricated herself' from this tie by systematically spending the money she did not have, which meant she was almost permanently in the red. In this respect, she claimed she never felt she spent any money, even when it involved paying for the accommodation she shared with Michel and her daughters. Mona was the proprietor and Sylviane paid a rent without having the feeling that she paid anything. 'Everything that belongs to me belongs to you', Mona had always insisted, and it was hard for Sylviane to develop another type of relationship, principally with Anémone, her

eldest daughter. Bit by bit, I helped her detach herself from the various objects that she had given away, to accept that they no longer belonged to her. She had a strong tendency to continue to make use, as she wished, of everything that she offered. Likewise, I invited her to occupy the spaces that were in her own name, her car, for example, and I insisted that the message on her answering phone should be recorded in her own voice and not that of Anémone's. Touching the ties that united her with her companion was a more delicate matter. So I often not only accompany but anticipate⁶³ the turbulence that occurs as a result of breakdowns in the daily life of couples. Sylviane was afraid of developing herself more; she feared that furthering her own development would be a threat, a danger for Michel, and for their relationship.

As he was fatherless, Michel had remained along time with his mother. He was depressive and often went through moments of despair. 'Michel cannot live with me or without me', observed Sylviane, who described her couple by referring to the fable of the frog and the scorpion.⁶⁴ She then understood that by identifying herself in turn with the frog and the scorpion, she could sense within herself the destructive impulse that was a threat to their couple.

By using words to weave and reweave her childhood and her origins, Sylviane saw more and more clearly how she had always been her mother's memory. The energy that she deployed in an attempt to imagine a mother for her own mother, and the investigation into Ani 'the town that had disappeared', are to be understood as an attempt to inscribe a temporal continuity between her maternal grandmother, her mother, and herself. Had not her mother repeated tirelessly 'I didn't have a mother'? A complaint that Sylviane took literally, implying the necessity to be her mother's parent, but also her own mother.

Unconsciously, Mona had tried to cut Sylviane off from her origins. She had not taught her Armenian, the language of her own parents, and she had kept silent about Farid, her father. It was in a trunk, you will recall, that Sylviane had found the

sole photo of her father that she now had in her possession. Of all this, Sylviane was now very aware. Her question about the father was now formulated thus: 'I feel I have never had a father, and at the same time that I have to choose between my "biological" father and my adoptive father.' In this connection she had a dream in which a fantasy of self-procreation emerged. In the dream, she goes out to buy some meat and hesitates between two butchers, one of which is a horsemeat butcher. She made links between this dream and the question of the father, the horsemeat butcher evoking her adoptive father, Philippe, whose name means 'someone who likes horses'. He had given her a lot, whereas her biological father, apart from life, had not transmitted much to her, and notably not his name.

Together, we worked on her impossibility of imagining a paternal tie other than a blood tie. We also worked on the primitive fantasy of oral self-procreation expressed by the two butchers. Her biological father, who had not recognized her and had 'abandoned' her by dying, did not have a true paternal function, whereas the adoptive father transmitted his name to her, and a bit more, but his incestuous behaviour and complicity with her mother did not confer a symbolic function on him.

On the imaginary level, Sylviane had her grandfather as a father; on the real level, she had two fathers; and on the symbolic level, no father at all.

Other unconscious fantasies were gradually identified.

She heard her first name as being comprised of *s'il vit* (if he lives) and *Ane*. *Ane*, giving life again to her grandmother Ani and, *s'il vit* referring to the subordination of her life to that of others, namely, her father's and her grandfather's, who were both ill when she was born. This reflection on her first name led her to take interest in the substantive 'sylvie'. How surprised she was when she discovered in the famous French dictionary, the *Littré*, that this name designates a bird of the warbler species and that it also corresponds to another way of naming the anemone!

So her daughter's first name was another way of naming herself. Whereas *Ane* (in *Anemone*) is a part of her elder daughter's first name and *mone* refers to *Mona*, her mother's first name. As for *Josiane*, her youngest daughter's first name, it includes *Ane*, as well as *Josi*, from *Josée*, Michel's mother's first name. We are thus in the presence of three hybrid women, half-grandmother, half-mother.

Sylvie	Josi	Ane
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Ane	Ane	Mona

I pointed out, moreover, her frequent slips of the tongue: she always said 'father' for 'grandfather', and 'mother' for 'grandmother'. Sylviane and her daughters all found themselves prisoners of a double fantasy nexus of self-procreation and the inversion of the generational time of women: they both had the identity of their grandmother and of their mother; they were a sort of hybrid, bearing a fantasy of maternity through schizogenesis or cellular division.

Several unconscious fantasies of origins coexist here:

- first fantasy: self-procreation: being the father, the mother and the child by oral incorporation;
- second fantasy: reproduction through cellular division or schizogenesis;
- third fantasy: inversion of the time of generations: the child becomes the mother's mother and the mother herself; formation of a hybrid body grandmother/mother;
- fourth fantasy: being one's own mother and the incestuous child of one's parents.

From the point of view of fantasy, there is no relation between the two families, and Sylviane is in a position of 'surrogate mother'. There is no mother/daughter relationship between *Anémone* and *Josiane*. It is conceivable that all these unconscious fantasies form an integral part of the schema of the inverted tree, which I briefly presented in the introduction.

Sylviane and Michel got married. Shortly after, Sylviane told me that her adenoma of the hypophyse had disappeared. We may suppose that there was a relationship between the disappearance of the adenoma and the decrease in intensity of the fusional relationship between Sylviane and her mother.⁶⁵ This capacity to form a less fusional relationship also allowed her to marry Michel and to adopt his patronymic name without anxiety. Their daughter *Josiane*, aged 4, was at the nursery school, and did not present any particular problems. But since her birth, Sylviane had developed phobias in connection with travelling and moving from one place to another. She was afraid the plane would crash if she took it alone or with Michel. On the other hand, if it was with Michel and *Josiane*, her fears disappeared and she felt in no danger of having an accident. Likewise, if she had to go to Africa alone, she feared she would fall sick there, but if she went with *Josiane*, it was for her little girl that she was afraid. She was able to drive her car when alone, but not with *Josiane*, for fear of killing her. Here we can see the expression of the primal fantasy of *one body for two*: it is her daughter who really inhabits her body; when she is far away from her, she is in danger of dying and disappearing, and, in her presence, she runs no risk as she does not have a body that belongs to her. We can see here how, with each child, this primal fantasy establishes itself more or less intensely. It is conceivable, indeed, that when *Anémone*, her eldest daughter, was born, it was much stronger, so that Sylviane, being in such an intense fusional tie with her and with her own mother *could not even feel the separations*. Anxiety, in a certain way, is already a sign that a separation is underway.

• THIRD PHASE OF THE TREATMENT

Sylviane now allowed herself to talk in the sessions about her 'foggy period', which she situated between the age of 18 and 26, the period when *Aménone* was born. The only person who constituted a link between before and after was *Djamila*, her

lifelong friend. Anémone, moreover, was born a few months after Fatia, Djamila's daughter, in a very similar context and conditions.

Sylviane described herself during this period as if she was speaking about someone else. She emphasized her 'sponge' aspect which enabled her to adapt to the people she happened to meet during her constant daytime and night time peregrinations: 'bar' encounters for the most part. At this time, she used to drink. As she did not feel she existed, she basically lived outside and felt the need to get a full dose of looks before returning home. I pointed out to her that when one does not really feel one exists, it becomes almost a vital necessity to impregnate oneself with presences and looks.

When Anémone was born, Sylviane rediscovered her mother and restructured her existence. She stopped drinking and began psychoanalysis. Mona insisted that her daughter break with Djamila, whom she held responsible for her past debauchery. It was Djamila, she claimed, who had led her Sylviane into bad ways.

In her sessions, Sylviane came back to an important point: her mother could not imagine her as a mother. For her to become a woman was in her mother's eyes very dangerous; it even meant exposing herself to an 'end' synonymous with perdition.

During this entire period of the analysis, I noticed that Sylviane no longer referred to her life in the present. She came to her sessions dressed in black and shabby-looking clothes; she missed sessions, but felt obliged to come. She felt sorry for herself, and found analysis absorbed time. Her bulimic crises were practically over, her daughter Anémone felt better, and their relationship was now peaceful and warm.

Basically, the only problem was me!

When I pointed this out to her, Sylviane admitted that she felt the need to protect herself from my gaze. I interpreted that, in short, she did not want me to see her investing her body and her life differently. So she had to protect herself from me as if there was a risk of me destroying what was beginning to emerge

in her, in particular her femininity. My observation amused her and made her feel ill-at-ease. She blushed. Indeed, she told me she had now taken to wearing original, eccentric and colourful clothing, which she took off to come to her sessions. 'Because', she confided, 'I'm afraid of your judgement'. I replied that she was also certainly afraid of seducing me and of arousing envy in me by showing me her female body full of life and desire. I added that she no doubt felt anxious by the idea of no longer counting for me if she let go of the position of a 'living-dead person' in the face of which I occupied an essential and vital function in the transference.

Gradually, I led her to imagine that I accepted the idea of her evolving, becoming a woman, and also the possibility of her leaving, of finishing her analysis. This brought about a state of collapse in her. She had several dreams of explosions. For instance, in one she was away on a work assignment abroad, like before, and was blown up by a mine. Or it was me who was the victim of a bomb attack. A relapse followed accompanied by anxiety, impulsion phobias and bulimic crises, which I interpreted as a way of protecting herself against a depression that terrified her. She came back at me violently saying that, during these years, nothing had happened in the analysis: she said she had nourished and quenched my thirst, to be sure, but had got no benefit out of it for herself and was preparing to leave just as naked, and even emptier than when she had started.

For a few months, she sank into a state of despair and expressed violent recriminations concerning my incapacity to hear her and the uselessness of my interpretations. During this difficult period for me, I strived to continue to elaborate hypotheses and above all to protect myself narcissistically so as to be able to continue to sustain the transference.

I have been faced too often in this type of treatment, when the situation has turned around like this, with sudden interruptions of the treatment. These ruptures marked me acutely and left me with a bitter feeling of impotence and incompleteness. These

‘open’ wounds are perhaps the unconscious aim sought after by the patients – namely, that of finally leaving while leaving traces behind them.

In his book *Borderline Conditions and Pathological Narcissism*, Otto Kernberg (1975, p.246) describes the efforts by certain patients to destroy the analytic work and the analyst, treating him as a mere ‘appendix’ in an effort to annihilate all the benefits that they have drawn from their treatment. The analyst may then feel despised and start to devalue the patient, who in turn feels obliged to distance himself from the analyst who has now become a very dangerous object. Kernberg explains this analyst-patient dialectic, which culminates in treatments being suddenly broken off, remarking that the patient escapes from ‘a hated, frustrating transference object which he eventually reduces to “a shadow” once more, and the analyst’s countertransference may reflect a corresponding feeling of “emptiness”, as if the patient “had never existed”’ (p.245). Kernberg’s description of his countertransference experience corresponds to what Sylviane experiences in the transference and expresses through her dreams and the fantasy that separation may lead to the destruction of both protagonists through an obliteration of their images, a memory blank, an ‘emptiness’ of the memory-traces capable of attesting to what has really happened in the space-time of the sessions.

This ‘emptiness’ is reminiscent of the archaic functioning of the child, who, by shutting his eyes, makes himself disappear as well as whoever is looking at him and the whole world around him. This disappearance turns into terror for the child who fears falling into a ‘black hole’. The sudden emergence of Sylviane’s wish for destruction seems to me to be linked to this terror and to a primordial violence rather than to a mere reactivation of hate or destruction.

The violent reactivation of symptoms also permitted Sylviane to feel she existed and to deny any possible ‘debt’. ‘Therefore’, Kernberg writes about a patient, ‘he had to “steal” my interpretations for his own use with others, devaluing

me in the process, in order to avoid acknowledging that I had anything good left as well as to avoid the obligation of feeling grateful’ (p.245).

Like this patient, Sylviane denied any possible debt, but regarded herself as being in a ‘sacrificial’ position with regard to me: she had emptied herself to keep me alive.

Kernberg puts forward the following metapsychological hypothesis in his definition of narcissistic personalities: ‘The narcissistic character defences protect the patient not only against the intensity of his narcissistic rage, but also against his deep convictions of unworthiness, his frightening image of the world as being devoid of food and love, and his self concept of the hungry wolf out to kill, eat, and survive’ (p.276). To take up this metaphor, it seems indeed that in the transference Sylviane had put her analyst in the position of the hungry wolf, who, after devouring her, could no longer either see her or remember that she existed. So in separating from the analyst, she found herself reduced to her role of shadow deprived of her vitality, her body and her desire.

• FOURTH PHASE OF TREATMENT

Once I had elaborated the schema of the inverted tree, I presented my hypotheses to Sylviane: unconsciously, every child is constructed through having a sense of being and of belonging to the mother’s body. She then looked at me aggressively and exclaimed: ‘I told you that on the very first day!’

She now began to seem worried, fearing I might use her as a guinea pig for my own narcissistic needs. Then, she showed interest in my hypotheses and appeared very moved by the light that I had thrown on her situation. She felt it to be a faithful reflection of what she felt. She seemed relieved and the violence that she had felt for so long towards her mother finally began to diminish thanks to the comprehension of this transgenerational difficulty transmitted by the body and the unconscious of the grandmother and the mother.

Sylviane took pleasure in this 'co-creation', which stimulated her own creativity. She began to look for a representation of this primordial fusion so as to find a way of finally transcending it. She had a dream in which she was building the model of a town with me during her session; this non-eroticized collaboration and proximity no longer terrified her. Yet, the idea of building herself up at her mother's expense saddened her, especially as the latter was now in the throes of old age and illness.

A new dream of implosion confirmed her development. This time it was a very colourful dream, devoid of anxiety, in which a beautiful diamond emerged from the implosion of a sort of gangue. Shortly after, Sylviane was hospitalised for a bout of renal colic, but evacuated the kidney stone without a surgical intervention; she had no difficulty, of course, in establishing a link between her temporary illness and the dream of the diamond. Together, we noted that just when she was being hospitalized, her mother had called the emergency medical service 'SOS Médecins' for a lower back problem marked by an acute pain at the level of the left kidney (whereas her renal colic was on the right side). This somatization parallel to her mother's was a sign of the cut in their fusional space. When the tie is particularly strong, one witnesses phenomena of specular somatizations. When the separation is more elaborated, coupled dreams substitute themselves for the somatizations: the anxious mother telephones to say she has had a dream in which her daughter died, while the latter dreams that her bedroom in the family home has been destroyed in a fire.

A dream followed in which I helped Sylviane to give birth to herself. In the dream she saw herself both as the baby being born and as the mother giving birth. Other dreams followed on from this: in one she lost an incisor before an examination and in several other frightening situations. In another she dreamt of a lost tooth when cutting the fusional tie with her mother. It was after this series of dreams, moreover, that her phobia of dogs disappeared (a fear and wish to devour and to be devoured and incorporated by the primordial other).

We came back to the construction of her space. Due to the transference that she had with her daughter, she felt immobile, as if dead, inside her own body. I offered her the image of the little babouchka, immobile inside a bigger one, an image that is reminiscent of Berenice's dream of the two igloos. The work we were now engaged in led her to assume the whole space of her living body so that the little babouchka could make a place for itself within the space of the big living babouchka.

Did she agree that a similar situation most probably linked her to her second daughter Josiane? No! She did not agree. This child, she growled, was completely different from her – gay, enterprising, a little clown. Impossible to imagine her 'stuck' in a matrix.

So I invented the metaphor of the screen where she forms a fusional body with her daughter who is hidden behind a cinema screen on which her shadow is reflected. Josiane, hidden behind the screen, cannot be seen by her mother, rather like during her foetal life. Thanks to her daughter's presence and movements behind the screen, Sylviane saw images of herself and felt alive, a bit like during pregnancy. When she went away by herself, she felt empty and without images on the screen, so she was afraid of dying or of disappearing forever. On the other hand, when they travelled together, it was only her daughter who was in danger of dying and not her, since it was her daughter who was the living part of her body. Sylviane understood this metaphor deeply. Her face, her traits, her whole expression revealed this understanding. That day, she left my consulting room relaxed and smiling, thanking me for the sense of 'relief' that she felt.

Once again, she had some travel dreams. This time she was travelling by car, but was not afraid of losing her camera. At the wheel, (she was no longer a *Mitfahrer*, a fellow-passenger), she experienced the same anxiety, the fear of losing herself, of not being able to remember the way back to where she had come from. So she kept her eye fixed on the rear-view mirror.

We worked on the notion of memory. Separating from her mother or from her analyst implied the risk of losing herself

by losing the memory of what had constituted her existence hitherto. Separating meant cutting herself off from all links with her history and origins. This is probably why she was staring intently into the rear-view mirror, into the past, and so unable to look ahead. She was invaded by a specific anxiety. She was afraid of losing the sense of having actually lived. I told her that, even though she was only beginning to see herself and to feel she was connected to herself and to her body, her past experience was no less real; it was just that hitherto she had not really had the capacity to recognize herself in it.

The end of the analysis posed the problem of a separation that would not be menacing and that would leave both of us alive. A few dreams of the same nature and tonality came in succession: in one, Sylviane had to leave her mother's home urgently; she packed her luggage but forgot some things in her cupboard. I told her that she could leave and take everything that belonged to her, including what she had created with me. This presupposed that she recognized the dimension of exchange. She had not just nourished the analyst, but had also been nourished by her in turn.

The analysis ended after Sylviane had accompanied her mother to a medicalised retirement home. Before leaving, Mona emptied the trunk, throwing everything in it into the dustbin – toys, letters and photos of Sylviane as a child. New dreams of explosion left Sylviane with feelings of rage and anger, but from now on, when she left her mother's house in a dream, she did not forget anything. She was less and less affected by Mona's attempts to blackmail her. She dreamt that Djamila was accused of being an accomplice to a murder. Though she was convinced that her friend was guilty, Sylviane found her a good lawyer. She brought associations connected with her difficulty in forgiving her mother for the violence she had subjected her to, especially as Mona would never acknowledge it. Sylviane now felt capable of understanding her own complicity in the murder of her unconscious image and of letting go of her guilt

about living her own life fully with a real 'presence' containing a possible future for her.

In Sylviane's treatment, as in those of Charlie and Claude, we are faced with the permanent nature of the *primordial transference*, accompanied by quite marked disturbances of self-perception. Her frequent slips of the tongue (mother for grandmother, etc.) and her mirror perception of her specular image (she sees her mother's image in the mirror), confirm her fixation to her mother's functional schema.

However, with her unconscious fantasies about the question of origins, Sylviane provides us with other answers. In fantasy, the child originally imagines he is born through a process of oral self-procreation, in which the father is incorporated. Subsequently, owing to an inversion of generational time (revealed by her first name and the first names of her daughters), a *fusional grandmother/mother space-time* is constituted. This unconscious fantasy of a hybrid grandmother/mother body image answers in part one of the questions posed: the foetus undoubtedly develops within the mother's fusional schema, but also within the grandmother's fusional schema, as we shall see more clearly in the following chapters. It is conceivable that this ontogenetic process of the inverted tree is part of epigenesis,⁶⁶ which, in the light of these clinical elements, seems to begin already during foetal life. But the question that raises itself now is that of knowing how the mother can form an unconscious representation of this phenomenon of enclave which occurs during pregnancy, so that she can *disenclave* the child thereafter? Sylviane's dream of the forgotten murder has given us a trail to follow, which Maeva and her mother will elucidate with very vivid and meaningful drawings.

3. MAEVA, A MATRICIDAL CHRYSALIS

When Maeva, a young 28-year-old woman, first came to see me, the profound distress that had led her to begin psychotherapy, was all too visible. Wearing shapeless and dull

clothes, she looked sad and exhausted. She worked part-time as a secretary and spent the rest of her time sleeping, smoking, or sitting in front of the computer. She also took part in role-plays organized between friends. She said that she indulged herself excessively with food, sleep, drink and hashish, had no desire, and often thought about death.

She attributed the origin of her problems to her father's absence. She was brought up by her mother and her father had only recognized her at the age of 5. Her mother, who was a teacher, worked in difficult areas, and the little girl grew up alone. Signs of her difficulties in relating had already begun to show at the nursery school. She was aggressive with other infants, insolent towards the adults, and was frequently made to stand in the corner. At the same period, she stole money from her mother's purse and chewed the wrappings of sweets and chewing gum she picked up in the street, as sweet things were not allowed at home. 'I have given you a beautiful and healthy body, and you mustn't destroy it', her mother would say firmly.

Her mother married a man who was to look after Maeva well. She was 9 when family life began for her. She continued to be impulsive; incapable of controlling her fits of anger, she hit a schoolmate, hurting her seriously, was reported, and expelled from the school. Similar episodes occurred subsequently. At the age of 10, she ran away and began to act out in ways that took on suicidal forms. Thus at boarding school, she was taken aside one day by a teacher for her lack of discipline and swallowed the contents of a tube of tranquillizers that she had hidden in her pocket; they belonged to her mother and she could not bear the idea of them being discovered on her. She had to be taken into an intensive care unit. She then started a psychotherapy that lasted a few months.

On her eighteenth birthday, she went off to live with Jean-Jacques, whom she had met through a matrimonial agency. So on the day of her coming of age she acted out in reality – like Charlie when he had his raptus, but in a much more elaborate

manner – the separation with her mother. Her relationship with her husband soon became stormy and chaotic. She rapidly got pregnant, but did not want to keep the child; above all, she thought she could not keep it because she felt too fragile. The abortion went badly, and for a while her life was in danger. After leaving the hospital, she fell into a deep depression and tried to end her life. She felt guilty for the death of a child, but she could not symbolize it. The impossibility of mourning her living 'internal part' plunged her into a living dead body.

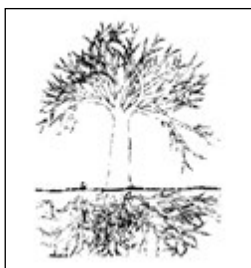
Distraught, she left Jean-Jacques, drew closer to her mother, and became bulimic. She gained about 30 kilos, and started to drink and smoke heavily. We can see how bulimia and certain addictive behaviours are reactivated by non symbolized mournings and separations, and by a weakness of the sense of really existing. 'By eating, I made myself exist; I made myself pregnant', she said. After a period of wandering from one relationship to another, she met Alban, a young man at grips with the same difficulties, with whom she was to share her life.

The therapy lasted about two years, on a once-a-week basis. Initially, Maeva was preoccupied by the question of her father and his absence; she evoked her mother's difficulties in bringing her up alone. Gradually, she raised concerns about other questions. Recollections of a lonely childhood marked by bouts of irrepressible rage, and a dense and conflictual relationship with her mother emerged, all of which introduced a different reading of her history. Was it possible that her mother had been against her father's recognizing her in order to retain total parental authority and to keep her daughter in a controlling relationship? Did the ties of attachment that her mother maintained with her own father have a part to play in this? These questions pushed Maeva to establish closer ties with her, while feeling guilty at the same time towards her step-father. 'It's as if I had to choose between the two', she remarked.

At this time, she had difficulty getting up in the morning; she missed some sessions but, encouraged by a friend who was also in therapy, was determined to continue. After six months, at a

point when I was beginning to get a better understanding of the enclave phenomenon, I spoke to her about my hypotheses, about an unconscious fusional space with the mother and of the necessity of working on the transformation of this fusional attachment and the creation of two separate spaces. The therapy took an interesting turn, and Maeva seemed troubled by my hypotheses.

In the days that followed, she had an altercation with a maladroit and insolent motorist and kicked in the door of his car. She felt anger welling up within her that she was afraid she could not control. In the next session, she brought a drawing representing a tree.



Drawing

She felt the need to cut the roots of the tree, she said, in order to be able to get out of the fusional attachment. This tearing off of the roots had required a great deal of violence from her which she found it difficult to contain. Moreover, she told me that, after much hesitation, she had left the little flower to the left of the tree because she felt that, in spite of her rage, something living was taking form in her.

She then brought a poem entitled 'Life is in the Present':

Caterpillar that I am, I have been crawling all
my life,
Dragging my body, without joy,
In search of my desires.
At the end of this road, what have I found?

A moment to construct my chrysalis,
At the risk of committing matricide,
Today, I am beginning my metamorphosis,
Tomorrow, freed from my hypnosés,
The butterfly will fly away serenely,
And I will be able to live in the present.

Maeva is expressing her incapacity to feel she is present and alive, imprisoned by 'hypnosis' in her mother's temporality. She evokes the need to destroy the fusional object, an indispensable matricide for lifting this state of hypnosis.

She brought a portrait of herself done by her mother.



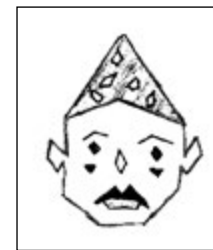
Portrait of Maeva

Maeva's portrait links together three generations: from the frontal view one can see her grandmother's face, hidden by hair, staring at us with her right eye and 'listening' attentively, with an oak leaf in the middle of her forehead – a sort of primitive ear common to the two other faces joined together. In fact we can see two different female faces, one smaller than the other, the mother's and the daughter's, looking in different directions but constituting a single character, like the figure of Janus in mythology. The mother's and the daughter's faces are supported by a very solid neck and linked together by plaits

and a common necklace. Their hair and their heads are mingled with the horns of a threatening ram, which, in order to protect the grandmother, clasps them tightly while scrutinizing us. The mother is looking to the left, towards the past and death, and the daughter to the right, towards the future and life. And yet it is the mother who has little eyes in the left fronto-temporal part of the brain, which are looking out into the environment around her. The daughter does not have little alert eyes in her head; in fact she seems to be in a state of hypnosis. One can say that the grandmother's gaze is the only one that is really present in the drawing, especially as it is also sustained by the ferocious gaze of the ram (gaze of the primitive superego). We can thus see in it the expression of the grandmother's anxiety and her threat of destruction and death, which weighs unconsciously on the fusional tie between the mother and daughter.

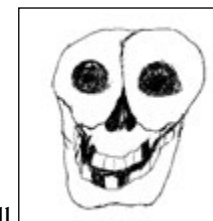
During the summer holidays, Maeva went off in search of her origins and wondered about the members of her paternal and maternal families. In the process, she learnt that her maternal grandmother, a survivor from the Warsaw ghetto, was the daughter of her great grandfather's third wife and that she had also lost her mother shortly after her birth, like her two half-sisters. For all these women, becoming a mother implied dying. This helps us to understand better the death-anxiety expressed in the drawing by Maeva's mother.

Together we raised the question of her father. Maeva realised that blood ties are not sufficient for sustaining the paternal function. But she soon began mentioning her father's name on her identity papers. At the same time, she wrote a very moving letter to her stepfather who was hurt by what she was doing. She expressed her affection and gratitude to him for having taken on a paternal role with her, while making it clear that this neither invalidated her incipient relationship with her biological father nor the recent attachment to his name and his origins. A difficult period followed; constructing her own space was painful. In her sessions, she brought drawings to express what she could not say.



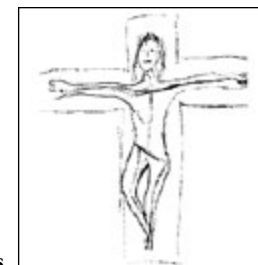
Drawing 1: The clown

'The clown': 'It's the mask', she explained, 'that I have always had to wear, as I am cut off from all my affects and emotions.' I remarked that he seems sad. She concurred.



Drawing 2: The Skull

'It's called "The skull" she said, 'because I am constantly having morbid ideas'. I remarked that, on the contrary, the skull seemed to be smiling. She agreed.

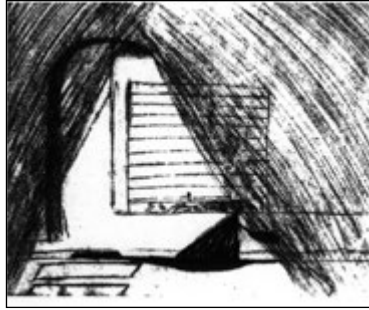


Drawing 3: Christ on the cross

She had nothing to say. I observed that the Christ in her drawing was a woman. She associated, saying that, for her, life was a moral and physical ordeal, and that to experience pain was, as it were, a way of feeling one existed. This made her

hesitate, for instance, before taking pain killers when she was really suffering, almost out of defiance.

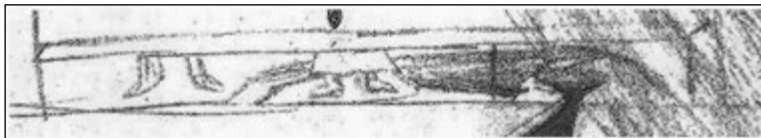
I drew her attention to the unconscious fantasy, *living means dying*, contained in the three drawings.



Drawing 4: The hidden body

She commented on it as follows: 'It's night-time, a part of the pavement is illuminated by the lantern and behind the metal shutter of a shop you can see a corpse whose blood is running into the drain. But a little pool remains hidden in the shade on the pavement.'

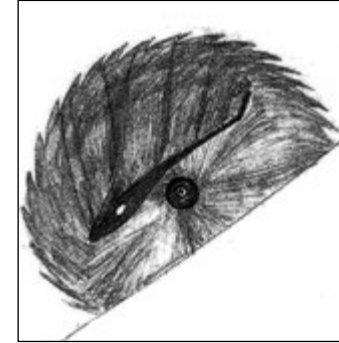
Observing the metal shutter, I could see, on the left, the immobile legs of a man and a woman, like wooden mannequins, and, on the right, a pool of blood, though the corpse was not visible.



Enlargement of the metal shutter

I interpreted that we were projecting the light that would make it possible to find the body that had disappeared. The blood that was running into the drain had effaced every trace of its existence. But a little pool of blood remained intact in the shadow, the sole trace of its existence and its pain, like a small sealed pocket encysted inside her. Moreover, the immobility of

the supposed murderers or witnesses of the murder indicated the state of petrification and anxiety that she had experienced up to this point and which had forced her into silence. She agreed.



Drawing 5: The cut

'It's a huge saw', she said, 'cutting a man in two.' He has an enormous mouth and an ear where his foot should be.'

I suggested that this was the first archaic representation of her living body and that she was experiencing the separation from the maternal space as a real rupture. At the imaginary level, her body is cut horizontally in two; at a sagittal level, her body is nothing but mouth and ear. The ear is drawn in place of the foot which is perceived unconsciously as an organ of 'listening'.

I noted that the saw has an eye. My gaze permitted her to recognize herself in a functional image, even if she did not yet have a representation that was really her own. I underlined the cruel position that I occupied in the transference and spoke about my difficulty in imposing such painful but necessary imaginary cuts on her. All this was aimed at leading her to feel alive in a space separate from her mother and to create, subsequently, another much less violent relationship with her. She replied that she had no desire for this at all and that, for the

moment, she could not imagine herself having a different sort of relationship with her mother.

We worked on her space in the house, which belonged to her mother and stepfather. They had their bedroom there.

Although she regularly paid rent, the way in which the parental couple invested the house when they stayed there did not encourage her to feel at home. Gradually, she managed to create her own personal space. Her mother moved her things out and decided to make a gift of the house to her daughter. But soon Maeva began to look for her own accommodation.

At this time, she realised that her mother did not actually 'see' her. When her mother made remarks to her about her appearance, she was invariably speaking about herself. This new awareness about her mother was painful for Maeva; she felt abandoned and took refuge for many weeks behind her video screen.

Then, at the end of the year, she decided to have the character called Eve, whom she incarnated in the role plays, 'commit suicide'. The 'suicide' occurred, she explained, on the eve of the winter solstice, which, for the Druids, is a symbol of recovery, a renewal of hope and openness to life. This was how the role plays ended for Eva. Simultaneously, she also stopped the video games and smoking hashish.

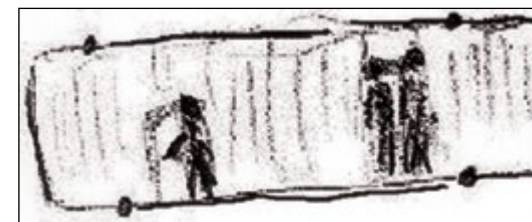
From now on, she was eager to really live and looked into professional training possibilities, read a lot, wrote, and enrolled on a dance course. This metamorphosis also affected her physical appearance: she looked radiant, and wore feminine clothes chosen carefully and with pleasure. The force, the sexual energy that was burgeoning within her, made her anxious. She had a dream in which a kid wrenched off her car door and stole the car radio. Just as she was thinking that it was going to be expensive to repair the car, two other kids attacked her with teargas. But this attack did not disturb her vision. She caught up with the three young aggressors and led them to a woman who took them into in a hotel room, calmed them down and took care of them. I interpreted that she felt that beginning to

exist in her body and in her desire was threatening to her. I added that she none the less managed to overcome this anxiety alone because, in spite of the tear gas, she did not lose sight of herself and was able to control her aggressive impulses.

She and her companion then went through a crisis which culminated in a separation. This rupture caused a breakdown in Maeva who telephoned me to say that she intended to have herself hospitalised. Yet she came to the next session with a series of small drawings.

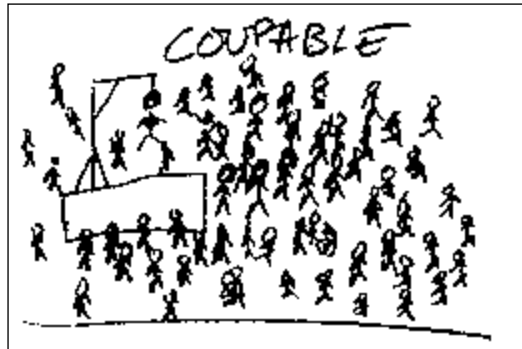


Drawing 1: The murder



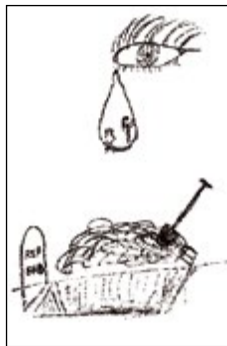
Detail of the mirror

'I have been killed, but one can see the traces of footsteps left by the killer as he stepped in the blood.' By pursuing the investigation and enlarging the image of the mirror, I was able to get a glimpse of the two witnesses and the killer.



Drawing 2: The hanging

‘The culprit is being hanged; it is my mother.’



Drawing 3: The burial

‘I am being buried.’

It is noticeable that she has ceased to be an accomplice to the murder of her body which had remained enclaved in her mother’s, because now she is able to have a representation of it and to feel that it really belongs to her. We can see in the drawing that the left eye is looking out onto the world. She will thus be able at the same time to mourn for Maeva as the ideal image of her mother.

With my agreement, a short time after, she ended her therapy, with the intention of doing an analysis at a later date. When she came for her last session, she brought me a poem she had written after a love affair, taking care to clarify the meaning of three words:

- *bathometer*: a specific instrument that measures the depth of the sea; it represents me;
- *dimer*: a molecule resulting from the combination of two identical molecules;
- *foreshore*: land that is left uncovered when the sea withdraws. Free land that belongs to no one, Maeva stresses.

Untitled poem dated July 8, 1998:

*Assisted by a bathometer, I am probing the limits
of my psyche.*

*I have used a bathyscaphe to explore the abysses of
my past.*

*I rose to the surface on a cargo boat loaded with
fears and desires.*

I have taken stock of the best and the worst.

*Restoring to my mother a part of her heritage, I
took mine.*

*Examining far off lands, I accomplished my
dimerian weaning.*

*I have drawn alongside a yacht, I have changed
vessel.*

*It's not easy to go forwards, to advance in face of
the winds.*

Passing beyond the trade winds and the swell,

In the wind, my dhow never sinks!

*Leaving behind the heart of the sea, oh peninsula,
I have seen you!*

*I prevented my terrors from accumulating. I was
naked.*

I avoided drowning in the tempest of my feelings.

I was so afraid of this present Ego.

*Hanging on to the helm, I took my bearings with
the sextant of my reason.*

*I plied along the coast of words, and you
approached. What a gift that was for me.*

*Steering a difficult course between my losses and
my needs, heading for pleasure,*

*My warnings lights went out. I drifted towards my
desire.*

Forgetting one by one my frights and my hesitations,

I went on a spree on the ocean of my feelings.

*Freed from my shackles, I navigated on voluptuous
pleasure.*

Feverish, a cyclone of pleasures unleashed me.

With daring step, on the land that I like,

*I advance light-heartedly, imprinting my footsteps
in the foreshore.*

Fulfilled and happy I drop my anchor,

Alive and in love I drop my anchor.'

Maeva and her mother have shown us clearly how the grandmother transmits to the mother, and the mother to the child, the fantasy of the inverted tree through death-anxiety and the primal fantasy of a primordial murder. Let us now look at this process more closely and try to understand better how the mother can integrate the foetus within time and give him the sense of belonging to his own body. In all the clinical fragments considered so far, the analysands, fixed in a primordial transference, were living in a 'living-dead' state. These elements have led me to the following idea: for the child to be able to feel alive *before* birth, it is necessary for the mother to become aware of his presence during the entire pregnancy, and to direct sufficient expectation and attention to him so as to connect him to the different intra and extra-bodily emotions, sensations and perceptions felt, like the analyst in the transference.

Part Two

ONTOGENESIS
AND
SCHEMA OF
THE INVERTED TREE

CHAPTER 1
**PRIMORDIAL IMPRINTING
AND CONSTITUTING
THE SENSE OF EXISTENCE**

Primordial imprinting⁶⁷ is the phylo-ontogenetic process⁶⁸ process which, during pregnancy, permits the mother to transmit unconsciously to the foetus the memory of experience.⁶⁹ This process allows the foetus acquires the archaic memory of all the experience of the parents and their ancestors (Freud), the memory of the mother's experience with her own mother in her intrauterine life and, at the end of the pregnancy, the memory of her grandmother's experience with her mother. In other words, the conception of a child reactivates in the woman a factual memory of the grandparents' experience and a specific memory of the state of pregnancy which allows her to transmit to the foetus a body image and a functional model based on her experience with him throughout the pregnancy and on her experience with her own mother during foetal life. The real father, if he is present during the pregnancy, will also reactivate this memory and identify with the child and the mother in the light of his own experience.

According to this hypothesis, *each individual's unconscious and preconscious functional ego is the fusional ego of the grandmother and of the mother.*⁷⁰ On this view it is the mother's regression to the fusional schema of her own mother⁷¹ and the transfer of this unconscious image to the foetus that permits the latter to acquire a very developed primordial imprint at the level of

psychosexual organisation. *It is exclusively in the interaction with the mother*, (thanks to the mother's emotions, actions and attention, that the foetus organises the perception of its own sensory object and its relation to the instinctual object. Moreover, it can be observed that the intensity of the mother's attention is biologically increased during gestation for this purpose.

However, according to this hypothesis, the mother cannot experience the foetus as a foreign body because *both constitute biologically the same sensory object*. Consequently, she can only be aware of its presence through unusual sensorial and energetic variations. The perception of these bodily modifications directs her attention towards the foetus whose 'presence' she thereby integrates within consciousness and time. Consequently, the more the mother feels the changes occurring within her, the more the child will subsequently have a personal sense of really existing. The foetus, as it were, must be thought about and acted upon permanently by the mother in order to be able to feel it exists and not to remain a 'thing', a visceral object.

One can easily understand that this process of becoming aware of the 'presence' of the foetus is much more difficult if the mother has not acquired, to a sufficient degree, the proprioceptive awareness of her bodily identity. Yet how can she perceive significant variations at the beginning of the pregnancy? It is only possible if she can feel the anxiety linked to the functional retroaction that has taken place in her. In other words, after fertilization, the mother regresses to her own mother's fusional schema and loses, in the process, the sense of belonging to her own body, which arouses strong anxiety in her. This unconscious disorganisation of energy induces a dissociation between her unconscious image and her functional image. She then experiences either a fright (*Schreck*),⁷² if this dissociation was unexpected, or anxiety signalling an imminent danger. 'Anxiety, [*Angst*]' Freud says, 'has an unmistakable relation to *expectation*: it is anxiety *about* something' (1926, p. 165). In fact, it is owing to the signal of anxiety linked to

the instincts of self-preservation and to the feeling of ego-dissolution that the mother can unconsciously recognise this unbinding (*Entbindung*) of energy.

Basically, owing to anxiety, the mother can make the first unconscious inscription of the infant in time and in life, thus passing from the One to the Two. We have already seen, in the case of Sylviane, how anxiety gave the signal that a separation was already happening.

We will see now how, during the whole pregnancy, it is precisely through anxiety, linked to this disorganisation of psychic, sexual and instinctual energy, that the mother can create the primal fantasies of death and murder (which we encountered in Sylviane and Maeva) which enable her to integrate the movements of the foetus continuously. Thanks to these fantasies, she can direct her expectation and her attention towards the foetus and transmit to it the sense of really existing and of having a body.

Each pregnancy thus reactivates the mother's death-anxiety and a schema of primal fantasies linked to the ego's instincts of self-preservation. This schema, of course, will be linked in turn to the primal fantasies caused by the mother's sexual impulses and oedipal desire. Sexual impulses and oedipal desire will reactivate the anxiety and guilt secreted by the preconscious superego, which will attempt to censure them. In fact, all these fantasies are so intolerable that they have to be subjected constantly to primal repression.

We will now see how the mother manages to differentiate herself from the foetus, enabling him subsequently to feel that he really exists, through unconscious representations linked to the primal fantasies, dreams and anxiety which accompany all the bodily transformations felt during the pregnancy.

I. *The Sense of Really Existing and the Drives of Ego-Self Preservation*

The sense of really existing is bound up with the primitive instincts of mastery, which are the ego's most archaic instincts of self-preservation: they have the function of maintaining, creating and absorbing energy. One can thus state, as Freud (1895b) pointed out in his first formulations of the principle of constancy, that man has the phylogenetic tendency to conserve his psychic energy by creating and absorbing motor energy.

In fact, as soon as cells are grouped together, a motor impulse appears. One can already see at the primordial stage of the biological organisation of life that organisms cooperate, so that the motor activity of one organism increases that of the other.⁷³ So it seems to me that the infant also responds to the energy needs and to the instinct of self-preservation of the parents, so that the parents' psychic energy, and in particular the mother's, is increased by the contributions of the infant's motor energy. Moreover, towards the end of the pregnancy we can observe a greater degree of motor agitation in the foetus when the mother is depressed or suffering from anxiety.⁷⁴

The most archaic survival instinct of the subject of language would thus be the cannibalistic instinct for mastery of the motor and sexual energy linked to self-preservation. This cannibalistic instinct is without doubt at the origin of maternal 'longings' and pregnancies. A friend has confirmed this intuition: the day she conceived each of her four children, she was invaded by a sudden and incoercible longing for oysters (small living animal, or totem). This impulse of incorporation also satisfied in the mother an archaic pleasure experienced during her foetal life, that is, the sense of existing vicariously, of being borne by the muscular and affective movements of another human being, in a state of inertia characteristic of the original fusional state. In fact, the foetus sleeps a lot, while being thought about/acted upon by the mother; this allows it to recharge its motor energy further and to increase its primal energy potential. This archaic

satisfaction specific to the original fusional state is sometimes more invested than the instinctual need for survival (eating, drinking, and breathing). A human being can let himself die by seeking this primordial instinctual satisfaction in ecstatic experiences or in toxic states of ecstasy of a masochistic nature, associated with the pleasure of being incorporated.

The regression or fixation to this primordial satisfaction throws light on both the compulsion to repeat linked to the cannibalistic drive for mastery and the complementary aspect of Eros and Thanatos: eating, destroying and destroying oneself to survive. In *An Outline of Psycho-Analysis* (1940 [1938], p.149) Freud is already inquiring into the self-preservative biological function of the ego-instincts, Eros and Thanatos. How can their fusion be conceived of when, antagonistically, Eros binds together energy and Thanatos undoes connections, and even destroys psychic and sexual energy? Freud establishes a correlation between the destructive drive and motor activity, pointing out that this drive linked to an action diverted outwards corresponds to the self-preservation of the individual struggling against an archaic tendency to self-destruction.

As early as 1905, Freud (1905, p.159) draws attention to the connection between the instinct for mastery, aggression, pregenital sexual organisation and the satisfaction of hunger, and considers the muscular apparatus as the agent of the instinct for mastery. Consequently, he gives perception and the *apparatus for obtaining mastery* the function of inscribing sensory data in order to organise the functional ego through the satisfaction obtained and the sexual investments operated in the different bodily movements. The primitive instincts of mastery, or the ego's instincts of self-preservation, thus incorporate the motor and libidinal energy in order to provide the primordial sexual satisfaction attached to the pleasure of self-preservation. The cannibalistic instinct of mastery is assumed to be composed of a destructive instinct, of a biological nature, and a motor or kinaesthetic impulse, of a biophysical nature. The cannibalistic instinct would be the most archaic, being linked to the sense of

really existing and to the movements of pleasure and unpleasure that accompany it. The kinaesthetic impulse would constitute the economic aspect of the apparatus of mastery; its force and intensity being the individual's patrimony of psychic energy.

Introducing the kinaesthetic instinct into the components of the instinct for mastery supposes a link between the biological functions of destruction and reproduction on the one hand and physical energy on the other. *So life cannot be created without transformation at the physical level or destruction at the biological level.* In embryonic development, for example, gravity intervenes to create biodiversity. Another example is the creation of antimatter: in production, energy is converted into mass, whereas, in annihilation, mass is converted into energy. Another example is the biological process of skin ageing: cells are regenerated owing to the action of certain murderous agents, whereas their slowing down diminishes regeneration. Likewise, the infinite reproduction of cancerous cells confirms the necessity, for every living being, of biological self-destruction to maintain life. The theory of the biological process of reproduction and programmed self-destruction, designated as *apoptosis* (Ameisen, 1999), (from the Greek *apoptos* which means 'placed out of sight'), may be seen as confirming this hypothesis. Apoptosis is described as a process of cellular suicide which leads to the disappearance even of dead cells, which are immediately replaced by surrounding cells. As J.-C. Ameisen (1999) writes: 'The embryo is an expanding universe, a universe that is both marvellous and disturbing, which grows, sculpts itself, constructs itself, and devours itself.'

It is conceivable that for the human being, psychic and libidinal energy, like the destructive force of the cannibalistic instinct, are regulated dynamically throughout life for the purpose of psychic self-preservation, in other words to *maintain the unity and continuity of the ego and the sense of really existing*, unlike the instinctual survival of animals. In human relations, interaction between the primitive impulses is constant. When you are in contact with someone who is very depressed, you easily

become depressed. One can also observe clinically that certain patients suffering from very serious skin illnesses suddenly get better when their spouse develops a cancer.⁷⁵ 'It really seems as though it is necessary', writes Freud (1933 [1932] p. 105), 'for us to destroy some other thing or person in order not to destroy ourselves.' The correlation between primitive instincts of mastery, motor activity and time, modifies their dynamic organisation by privileging the intensity and *direction* of the pressure. In the interaction between the Subject and the object, the characteristic of the primitive instincts, when they come up against an object whose force is too intense, is to inverse the direction by increasing the intensity: the object is then no longer the source but the aim of the instinct. The essential issue is to know whether the aim is internal or outside the body; for example, an overly intense satisfaction of the cannibalistic impulse as a result of an excessive ingestion of food increases the destructive pressure of the kinaesthetic impulse within the organism.⁷⁶

The instinctual drive as we know, has the capacity to turn round into its opposite, in its source and its object, without its aim, discharge and satisfaction being modified. Here we are brought back to the idea put forward by Freud that the investment of sexual mastery (sadistic and masochistic) is necessary for accomplishing sexual relations. The sadistic instinct must be coupled with the destructive instinct, so that at the primordial level it precedes the masochistic instinct. In this process, the man procreates in order to direct the kinaesthetic impulses towards the extra-bodily space and thus prevent them from inverting their direction, whereas the woman procreates when she is lacking sufficient kinaesthetic impulses (primordial masochistic position). From this point of view, Thanatos and the destructive instinct are not opposed to Eros, but converge in the primordial source of the cannibalistic instinct of mastery of self-preservation.

No doubt the embryo already has an apparatus for primitive mastery, formed by the primitive instincts for mastery. From

this perspective, the survival of the embryo would depend on the intensity of its instincts and on those of its mother; and, from the outset, the embryo would be integrated with the personal sense of really existing and with the pleasure and unpleasure that she experiences.

From the fifth month onwards, the foetus' apparatus of primitive mastery has agents at its disposal which will allow it to integrate the first preconscious images of the maternal body. Through proprioception and the 'touch' of the sense organs (mouth, ears, nose, skin), it perceives and *touches* the mother's body. Progressively, until birth, the unconscious and preconscious images of the mother's body linked to the cannibalistic, oral, sexual and primitive impulses also become urethral, anal and genital impulses.

The unconscious image of the foetus⁷⁷ is, as it were, hetero-autoerotic, being integrated unconsciously with the mother's functional schema and thus with her instinctual satisfaction. The principal agents of the foetus' apparatus of primitive mastery are the mouth, the hands and the feet. It is through the mouth that the foetus swallows and rejects amniotic liquid, and with the mouth and hands that it comes into contact for the first time with the mother's body. With its feet, it enters into contact with the mother's body: they may thus be considered as its 'primordial phallus' at the level of the primitive sexual and instinctual investment of the object. With its feet, which may truly be described as primitive ears,⁷⁸ the foetus constructs the first preconscious images of its body with archaic satisfaction. This is how it 'gains a foothold', as it were, before being born and constructs its first unconscious space by 'impinging' on the space of the primordial other. This is reminiscent of Rank's idea⁷⁹ that the uterus (*Frauenzimmer* in German, which means the 'woman's bedroom') is the unconscious space of the Subject. One can thus understand the remarks often expressed by patients – *I feel like an imprint, always in intaglio but never in relief* – as the permanence of an archaic sensation linked to the exploration of the uterine surface

The intensity of the pleasure and unpleasure felt by the mother varies according to the movements of the foetus' feet. They can be more or less violent, but constitute the aggressive aspect of the primordial phallic sexual organisation.

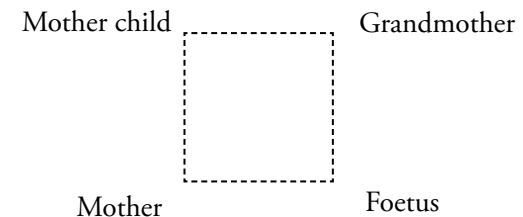
The sadistic-urethral impulse is the first sexual impulse which attaches the foetus to the mother's body, urine being the only fusional sexual and instinctual object of the primordial impression.

II. *The Child, Desire and Time*

Following the schema of the inverted tree, how will the mother differentiate, during the pregnancy, actions actually accomplished with her child from actions linked to her experience with her own mother?

In fact the mother, who relives with the foetus her experience with her own mother, creates the child as a double inscribed in her desire and in the space, time and fantasies of her own mother. This process, which takes place during the process of primordial imprinting, constitutes *the primordial mimetic identification*, the most archaic process of identification for the human being.

Figure III: Primordial mimetic identification



At the outset, the pleasure principle and the reality principle are imbricated and the child's reality indicator is just an illusion, all his actions being linked to the mother, to her unconscious desire and to her time (memories, state, emotions, and sensations).

We know how much periods inscribe desire and time in a woman's body. During the menstrual cycle, the anxiety and fantasies connected with states of excitation and depression mark the different phases of the cycle.⁸⁰ But the succession and coordination of the diverse energy states of the body during the cycle are modified in function of the impact of desire, anxiety, unconscious fantasies and actual experience (bleeding with love, despair, fear, etc.). A great desire for a child, for instance, can provoke amenorrhea as well as great distress linked to the sense of not existing.

However, although many women in analysis 'know' the precise day on which they got pregnant, they often consciously sense the bodily changes linked to the 'state of pregnancy', not when they 'see' that their periods have stopped, but only after doing a test. The following phenomenon can be observed: in order to become aware of their child's 'presence', women increasingly need a 'real or concrete' support (blood test, ultrasound scan images, etc.), which indicates that they have a lack of attention and a poorly defined bodily identity.

Some women, on the other hand, have appropriate sensations, but their pregnancies are lived 'nervously'; others deny their pregnancy; and others still, who have a strong desire for a child, anticipate sensations already experienced during previous pregnancies. For example, I have seen young women pregnant with a second, very much wanted child, dragging themselves to their session, puffing and blowing heavily after two months of pregnancy as if they were about to give birth. There are also anorexic women who fill out precociously, and are happy for once about their roundness. 'Not having a body', they feel 'full' and heavy thanks to the child who is filling them with life, weight and volume. For yet other women, the child will be very heavy, a 'weight' for the mother, if she finds life difficult and, like Mona, Sylviane's mother, says things such as, 'Living is very hard, dying would be much easier.'

The child's reality is sometimes expressed by the size of the mother's tummy. The speed with which the latter takes on shape

is sometimes surprising. A woman's tummy often increases in volume a few hours after an ultrasound scan, where vision has reinforced the mother's function of judgement of the child's 'reality'. But this phenomenon can also be observed after an amniocentesis where, although there are no images, the mother accepts more readily the child's existence, once anxieties about malformation have dissipated. At the beginning of analysis, too, the establishment of the transference allows more room for the child. A female patient who was six months pregnant said in her second session: 'I am feeling very relieved; what's more, I have the impression I am less swollen now, so my daughter can flourish more easily.' Thanks to the analyst's attention and gaze, the analysand was better able to assure the permanence of her unconscious image and could show that she was attentive to the child's movements and to the fusional space-time.

For the mother, the child has the same feelings about everything as she does: 'When I swallow my chocolate in the morning, I can feel my baby chuckling with contentment: it's the best moment in his day', said one patient. Towards the end of the pregnancy in particular, the baby is a source of sensations akin to orgasm, and it is precisely in those moments that many fragile women have anxiety attacks and sanguinary and sexual nightmares. We should not forget that when the baby is moving, it is a visceral object. It is the mother's womb that is moving. This is perhaps why some women feel have a distaste for sex once they have given birth. One can understand, though, that some complain when their relations want to caress their tummy to feel the baby, forgetting that it is an intimate part of their body.

The sense of 'plenitude' experienced unconsciously during the pregnancy, the increased sense of really existing, linked to the fusional body, and the impression of having a 'real presence', often relieve some of the mother's psychosomatic problems and death-anxieties: 'My eczema has gone, I feel strong, I feel as if I've got a bullet-proof vest on: the baby protects me from everything', said one patient.

However, the only means of sensing the child's existence at the beginning of the pregnancy, as we have seen, is through this state of anxiety associated with the sense of dissolution that follows impregnation. During this stage, women analysands often report nightmares in which they are being pursued by rats or even more frightening animals.

Subsequently, the mother maintains the child's presence in her owing to the anxiety about death and destruction which she senses during the entire pregnancy.⁸¹ This anxiety is sometimes expressed consciously through the fear of losing the child. In the early phases of the pregnancy many women go to the toilet more often to check compulsively that they are not losing blood, fearing an eventual miscarriage. One may wonder if this is not the origin of the fear of disappearing down the toilet hole found in children and neurotics. But if the mother is afraid of losing the child, it means he/she exists!

Regression to the archaic memory of the fusional body probably reactivates the intensity of the interoceptive,* proprioceptive,^{*82} and especially olfactory perceptions lost during the course of evolution. Pregnant women often suffer from nausea and are more sensitive to smells. The hypothesis of a regression of the mother's unconscious image in favour of the fusional schema of her own mother helps us to understand the sudden crisis of depersonalisation and the onset of anxiety neuroses experienced by two pregnant patients, who, after persistent bouts of rhinitis, temporarily lost their sense of smell. Having lost the smell of their mother's body, they felt lost.

During pregnancy, expectation and attention are entirely directed towards the movements of the foetus, which becomes the source of the movements of the fusional schema. The mother accompanies unconsciously the growth of the embryo and the foetus by identifying herself with it, and by linking it up with her internal model of perception (her personal and extra-bodily space). Bouts of nausea, which are typical during pregnancy, also have the function of inscribing the child's existence in

reality. *The destructive drive directed towards the incorporated object operates as a reality indicator.*

III. *Biological Tie of Familiarity*

Throughout the pregnancy, the child establishes with the mother a biological tie of familiarity (*heimlich*), which, at the same time, is a tie of uncanniness (*unheimlich*), in the sense that *there is no rapport between the child and the mother*, because the child is dissimulated in her space and time. As Freud (1919, p. 225) writes, the two words are genetically related, and we will see further on how the two meanings are unconsciously interwoven. It is nonetheless true that during the entire pregnancy the child does not have his own bodily identity: although he is identified both with an organ and with the mother's body, he does not exist; he is just a concept, according to Winnicott's finding. But the act of giving birth and the birth itself entails for both the mother and child respectively the definitive loss of the fusional image. It is only through the experience of this real and irremediable loss of the fusional object that the mother can inscribe the child's presence in conscious time.⁸³

Every mother has difficulty in childbirth in recognizing the child that she sees as *her* child: she first feels a sense of 'uncanniness' and must gradually form a bond of 'familiarity' and love with the child. The maternal feeling is a symbolic and imaginary process and not an instinctual given. Owing to its prematurity, even after birth, the newborn baby forms an integral part of the mother's fusional schema but, unlike animals, after childbirth a woman does not retain a conscious trace of the images that comprised the primordial imprint and the biological bond of familiarity experienced with the foetus during the pregnancy. In childbirth, it is thus difficult for her to elaborate the loss of an unrepresentable sensory object, to experience a *rapport* of familiarity which has never existed and to establish a bond of continuity between the foetus and the

infant that is there. Many women complain, moreover, that the expulsion occurred too quickly. 'It came out like a champagne cork', they say, without leaving them time to 'see' it come out. Hence the fantasies of child substitutions which sometimes break out in the delusions of women who have become crazy. Many newborns thus spend their first days in limbo, without a first name, simply designated as 'baby', like Josiane, Sylviane's daughter. All this helps to explain the different expressions of maternal savagery. A female patient who was the victim of atrocious mistreatment from her mother said: 'I still can't believe that she tortured me so much, particularly as she denies it. Even the simplest of animals protect their baby.'

It is only through the experience of being wrenched away from and of losing the fusional object that the child is born and can begin to exist in a body that belongs to him. The act of birth is the precondition for him to have a body of his own and to become a 'virtual' Subject at the source of his action, desire and speech. Before, his body *belonged* totally to his mother.

The experience of childbirth, of losing 'sight' of the fusional object (some patients have really lost their sight for a few hours), is also found in anxiety about one's eyes (*Augenangst*) which Freud (1919, p.231) says is the equivalent of castration anxiety, present in many myths, fantasies and dreams. This anxiety about one's eyes certainly stems from the act of giving birth and the fact of being born, a traumatic and foundational experience which links the human being, from the outset, to lack and desire, to life and death. At childbirth, both mother and the child are thus subject to primitive castration, owing to the real loss of the image of the primordial fusional object. The intensity of archaic perceptions decreases suddenly, and then normalises itself within a few weeks. On the other hand, the memory-traces of the satisfaction obtained by the mother and the child in the primal fusional attachment persist in the unconscious which, through dreams, maintains the state of primal plenitude as well as the sense of existing in reality.

Giving life and being born, for the mother and the child respectively, implies losing the primordial fusional object. At the beginning of life, love and desire, there is disaster.

One can only love, desire and speak once one has 'lost sight' of the fusional object. The mother who remains 'full' with her child, will be unable to inscribe him in lack, desire and time. Having all that she could wish for, she will be unable to *wait for* movements from the child (love, rage, hunger, thirst, etc.), nor anticipate them in order to satisfy his needs and his desires. 'To desire' comes from the Latin word *desiderare* which means 'unable to see Sidus any more', the constellation that announces, along with the end of winter, the beginning of springtime (*primus tempus*, 'first time') and the emergence of life. To desire means not being able to see any longer, but it also means regretting absence, waiting, wishing. The child's desire can only emerge as a result of experiencing the 'disappearance of the stars', which henceforth will only shine in absence and memory. The mother also ceases to see (*desidere*) and to be on the watch (*considerare*) through her child, but she knows that this loss announces the advent of life. The disaster⁸⁴ thus appears as the origin of the child's psychic life and desire. In the words of the poet (Quignard, 1998): 'To desire is not to find. It's to seek. It's to see what is not in sight. To be amazed is to have found, to be rooted to the spot, to have found one's *incorporant*. It's to have found one's death.'

Every act of creation first requires a void: God, who was infinite and non-composite light, must have effected a *Tsim-Ysoum* (a compression) to create a void necessary for the creation of the world says the *Etz Hayim*.⁸⁵ Now the child cannot gain access to the representation of this void, of this dead angle of the language and gaze that separates him forever from his mother's body if she herself has been unable to elaborate this with him and, before that, with her own mother.

Every mother apprehends the void linked to the 'disaster' of procreation in an extremely complex manner. At the risk of exaggerating, one can assume that, as soon as impregnation has

occurred, the process of procreation is violent and traumatic for her: it endangers her psychic life and her sense of really existing. The memory of this experience and of the anxiety that accompanies it is transmitted unconsciously to the child. But this anxiety that he feels *in utero* paradoxically constitutes the most archaic basis for his own sense that he really exists. So we can more readily understand patients who remark: '*Anxiety is the only thing connecting me with my mother*'. Clinical practice shows that many men and women unconsciously fear or refuse procreation, sometimes even owing to somatic sterility, because the anxiety of breakdown and death is so great.

IV. *Ties of Mastery and Transmission of the Continuous Sense of Existing*

In view of these considerations, it may be said that during pregnancy, the mother inscribes the infant at the psychic level as an 'extraneous' instinctual and sensory object in her unconscious fusional schema thanks to anxiety, to the process of mimetic identification, and to the process of cannibalistic incorporation. Let us see now how the mother transmits a continuous sense of existing.

She can only transmit this sense if she identifies with the child that she is bearing –this is the primordial imaginary identification– and if she frees herself progressively from this identification. Through this imaginary process, she gradually weaves a 'rapport' with the infant which allows her to inscribe him in a different space before childbirth. So it may be said that it is the articulation of *both* these processes, that is, *mimetic identification*⁸⁶ and *primordial imaginary identification*, supported by the schemas of primal fantasies and unconscious fantasies,⁸⁷ which permits the mother to transmit to the child a certain continuity in his sense of existing. In a famous article of 1956, 'Primary maternal preoccupation', D.W. Winnicott divulges one of the truths of which he has the secret. Before and after childbirth, mothers are frequently found to be in a 'special

state': 'This organised state (that would be an illness were it not for the fact of the pregnancy) could be compared with a withdrawn state, or a dissociated state, or a fugue, or even with a disturbance at a deeper level such as a schizoid episode in which some aspect of the personality takes over temporarily... it is not easily remembered by mothers once they have recovered from it; I would go further and say that the memory mothers have of this state tends to become repressed' (p.302).

This astonishing description of the state of mental dissociation, the modifications of consciousness and attention, as well as the amnesia that marks this period coincides term for term with the phenomena induced by hypnosis,⁸⁸ especially as in Winnicott's eyes, primary maternal preoccupation is the precondition for the infant to acquire the sense of a continuity of being, which backs up my intuitions.

If, as we saw during the first phase of the work with Kitsou Dubois, the hypnotic state is induced by an inversion of perception due to the dissociation and transfer of one's emotions and the intentionality of one's movements to the other protagonist of the 'hypnotic rapport', one can infer that it is through a process of a hypnotic nature that *the mother and the foetus each integrate the other's functional image*. Subsequently, the work of paradoxical sleep and dreams accomplishes the articulation between the movements of the infant and the mother's unconscious fantasies. The primordial thought and dreams of the foetus may thus be said to depend on the mother's actions, emotions and unconscious fantasies. In this connection, Freud (1921, p.125) states: 'Let us recall that hypnosis has something positively uncanny about it; but the characteristic of uncanniness (*unheimlich*) suggests something old and familiar (*heimlich*) that has undergone repression'. By inscribing hypnosis in the primordial tie of mastery, one is linking it up with an archaic and incestuous sexuality of extreme intensity.

The primal hypnotic relationship is thus from this perspective close to organ libido which, in the foetus, connects the sense of

having a body with the libidinal satisfaction felt by the mother in her movements and her different vital functions. The primal hypnotic relationship is thus highly sexualised, but with the particularity that the sexual impulses are not 'inhibited in their aim' (Freud) but deviated in their direction. The pressure of cannibalistic instincts for mastery inverts their direction and transforms them into narcissistic impulses for the mother and for the child. It can be seen here how the sense of actually existing is structured by primordial sadism and masochism as well as by the tendency to self-destruction. Feeling that one exists, taking pleasure in living, loving and being loved are only possible if one has existed unconsciously for the mother as object-aim of the cannibalistic instincts for mastery. The object only really exists, Winnicott (1971, p.90 ff) said, insofar as it can be destroyed.

Through the primal hypnotic relationship, the mother inscribes the infant in her sense of really existing, in her primordial narcissistic love and her oedipal desire. As M. Bydlowski (1997, p.97) writes: '[During the pregnancy] the intensity of this invasion (narcissistic) is comparable with that of being enamoured. The state of being in love involves a similar invasion of the mind, but in pregnancy the object is not distinct from oneself. At the same time, the psychic themes that are alien to this narcissistic invasion are disinvested.'

This process of being enamoured with someone corresponds to what Freud (1921, p. 114-5) says about love and hypnosis: 'It is even possible to describe an extreme case of being in love as a state in which the ego has introjected the object into itself'; or again, 'The hypnotic relation is the unlimited devotion to someone in love'.

At birth, mother and infant, in a hypnotic state, cannot feel that they really exist separately. The infant, in particular, in his primal distress, is 'magnetised'⁸⁹ by the voice and gaze of his parents, and in particular of his mother. This primal dependency on the voice of the parents brings to mind the paternal and maternal hypnosis concerning which Ferenczi (1955, p.32)

stated: 'The former paralyzes its victim by intimidation, the latter through ingratiation. In both cases, in our opinion, the hypnotized person regresses to the level of an intimidated child; the peculiar cataleptic attitudes of the hypnotized render it easier to assume, however, that a deep regression to the maternal woman is also involved.'

V. *Primordial Ties of Mastery and Pregnancy from the Point of View of Language*

The term 'tie' (*lien*) – from the Latin *ligamen* – designates that which serves to attach two objects and, figuratively speaking, everything that binds, constrains and places in a situation of dependency.

As for the word 'mastery', it has two meanings: construction and military action. In the sense of construction, it signifies 'the action of taking possession of a piece of land to equip it for some purpose or other'; in the military sense, it is a chivalrous undertaking or a game involving weapons.

At the stage of conception, the mother appropriates the potential space-time of the infant and integrates it with her own to construct the object. As for the infant, like a true strategist, he acts with ruse and violence: at the right moment, he takes possession by force of the maternal object and intrudes on her body. (The term *intruder* remains for many patients, moreover, a very loaded signifier). This is reminiscent of the traumatic aspect for the mother at the beginning of the pregnancy, owing to the destructive instinct and primordial sadistic impulse of the Father and of the infant.⁹⁰ It is a psychical trauma which, according to Freud (1895a, p.6), occurs both somatically due to a breach accompanied by significant somatic changes, and psychically due to an affect of fright accompanied by a great deal of libidinal excitation.

Pregnancy is commonly defined as a state. The word 'state' comes from the Latin *status* which means 'to hold oneself', derived from the verb *stare* meaning 'to hold oneself upright'.

In French 'state' signifies a 'way of being'. Pregnancy is apprehended as a way of being in the act of holding oneself upright. '*Tomber enceinte*' (literally 'falling' pregnant) expresses in French a violent movement: the mother's body is assailed and she 'falls' pregnant. *Enceinte*, the past participle of the verb *accindre*, denotes that which surrounds a space and protects its point of access. When pregnant, the mother is static, enclosed with the infant in an isolated system of primitive entropy.

The French word *enceinte* also comes from the Latin *incincta*, meaning 'without a belt', hence the idea of a body with indefinable limits. This dual origin of the word reveals a contradiction at the level of the mother's bodily identity: she feels at once full of energy in a closed, static space, outside time, without any exchange with the outside world, and in a space without boundaries, devoid of a definite bodily identity.⁹¹

Being pregnant, she is also in a 'state of gestation', the state of someone who, according to the *Littré*, is borne or carried. It is the infant who imprints the intention of the movement of the mother's body, in internal and external space-time; he is the living part of the maternal body. The mother lets herself be carried passively. This inversion of the origin of the movement coincides with the idea of the schema of the inverted tree – namely, the mother regresses to the experience of her own mother and to her own foetal experience. During the pregnancy, there is, as it were, a confusion between the child and the mother, the mother and the mother/child, and the child and the grandmother.

Chapter 2 PRIMORDIAL NARCISSISM AND PRIMORDIAL MIRRORING

As we have seen, the mother includes the movements of the foetus in her own personal sense of really existing and her narcissism. But how, then, can the foetus emerge from this original osmosis?

In this chapter, I will attempt to show how the mother manages to form a *rapport* with the infant which allows her to invest him as an object of passionate love and as a sensory and instinctual object separate from her before birth. She does this by associating the emotions and anxiety she experienced during the pregnancy with her mother's feelings of love and hate towards her during her foetal life, but also since her birth, between her and her parents. Moreover, throughout the pregnancy, she establishes links (*Bindungen*) between the changes felt in her body and the existence of the foetus in her fusional ego.

If my hypothesis is correct, *the more the mother is able to be aware of the bodily modifications which are occurring in her, the more the child will have real consistency and a sense of really existing*. However, for the mother, creating these links is a very complex psychical operation. Indeed, it will depend on her desire and her unconscious fantasies, on her experience with her own mother, on her own bodily image and, lastly, on the

intensity of her primitive apparatus of mastery at the moment of conception.

Already at this primordial stage, the mother is organising the intrapsychic relations of the infant to whom she will give birth. She structures the modalities of these relations thanks to the phenomena of transference, introjective and projective identification and, finally, negation and splitting. She thus continually weaves links between integrating the infant's movements and the organisation of her fusional ego in consciousness. She thus transmits to him a continuity between the *sense of existence* and the *sense of belonging* to a desiring body, and the sense of *having* a living body.

Françoise Dolto was the first to establish a fundamental link between the unconscious body image and the constitution of the infant's primordial narcissism,⁹² which she designates as 'an intuition of being in the world'. Before her, Melanie Klein and Winnicott had already introduced the early processes of ego-constitution and of the infant's relationship to the object, but they saw them as only beginning after birth.

Clinical experience⁹³ has led me to distinguish three three-month-phases during pregnancy: during the first, patients often find it difficult to be aware of their state; during the second, they are increasingly aware of the interaction with the foetus; during the third, on the other hand, they gradually lose this awareness. It seems to me that these phases correspond to the three fusional schemas (unconscious, preconscious, and conscious) which follow successively as the foetus develops.⁹⁴ Consequently, in order to maintain her sense of belonging to the fusional body as well as the infant's symbolic presence, the mother must be capable of perceiving and symbolizing these sensory variations so as to be able to detach the infant from the original osmosis and from his narcissism. We will see in this chapter how she manages to form an idea of all these detachments from the '*corps à corps*' experience with the infant by means of castrations which Françoise Dolto (1984) designated as 'symbol-generating imaginary castrations'.

For Françoise Dolto, these castrations only occur after birth; moreover, she designates them as primary. For me, they occur already during the pregnancy and it is by virtue of them that the mother manages, before giving birth, to inscribe the child in an object-relationship.

These castrations, which we shall call *primordial castrations*, are caused by the mother's death-anxiety to do with the lessening or loss of her sense of belonging to the fusional body. This anxiety also reactivates her primitive mastery instincts of self-preservation and the *schema of primal fantasies*. Primal fantasies may be defined as the organising fantasies of all the infant's unconscious fantasies, since they allow the constitution of his primordial ego to be elaborated. Primal fantasies thus stage the mother's unconscious experience, forge links between the antagonistic instinctual tensions (sexual and self-preservative), and permit the infant's movements to be integrated with her fusional ego. During the process of primordial imprinting, they structure the organisation of the infant's primordial fantasies and the time of his functional image. I am now going to try to outline this unconscious process, and I will call the ontogenesis of the infant's primordial narcissism and functional ego *primordial mirroring*.

I. First Phase of Primordial Mirroring: From Impregnation to 3 Months of Pregnancy

1. INCORPORATION AND MIMETIC IDENTIFICATION WITH THE FATHER

During the conception, the mother experiences a 'little death' caused by the extreme intensity of the cannibalistic and genital oral erotic pleasure⁹⁵ felt during this phase of primordial fusion. The cannibalistic oral satisfaction comes about owing to the strong increase of intensity induced by the incorporation

(literally) of the charge of the kinaesthetic impulses into her primordial object of self-preservation (blood).

The sense of disappearing, followed by the extreme archaic satisfaction felt during the primordial fusion, reactivates in the mother the original survival fantasy of *one life for two*. This fantasy reactivates in turn the destructive instinct linked to her desire for self-preservation, which arouses the primal fantasy *if the child lives, I die; if I live, I kill the child*. The destructive instinct (or drive) and this fantasy will maintain unconsciously the infant's presence as a 'foreign body' during the entire pregnancy.

I will call the primal fantasy of *one life for two* the primordial metaphor⁹⁶ of the Father⁹⁷ because, as soon as impregnation has occurred, it allows the infant to be inscribed in a symbolic alterity and in time.

I also want to emphasize the fact that, in order to situate her child in the order of living beings and in time, the mother must experience the annihilation which follows the irruption of a new life force. Indeed, *this primal symbolic rapport between the organisation of psychic and libidinal energy and time is the basis for the child's judgement of existence in reality*. Giving life refers the mother to the psychic representative of death, which permits her to integrate the primordial stage of the child's judgement of existence.

She must, as it were, disappear to make room for the child, forcibly introduced by the Father's sadistic impulse. This judgement of existence thus operates through the *affirmation* of the primal fusional unity, experienced through the increased intensity of the sexual impulses (Eros) and through the *negation* of the original fusional unity brought about by the unbinding of energy due to the increase of the drive of destruction (*Destruktionstrieb*).⁹⁸ Owing to this sense of annihilation, the mother carries out the first symbolic inscription of the infant in her unconscious space.

The orgasmic pleasure and the extreme genital satisfaction experienced during the primordial fusion reactivate in her the

archaic fantasy of the primitive scene and oedipal desire. In fact, at the moment of impregnation, the mother identifies with her parents during the primitive scene and with the child, the fruit of incest. She identifies with her mother conceiving a child with her father, which concretizes her oedipal desire. She identifies with the Father conceiving with her the fusional child of primitive incest. She identifies with the child, the fruit of primitive incest and the cause of the parents' fusional bond of mastery.⁹⁹ The archaic fantasy of the primitive scene is a fantasy of oral self-procreation (as we saw in the case of Sylviane) which is accomplished by incorporating the Father through taking in and destroying the incorporated primordial instinctual object (sperm). The procreative act thus implies the lifting of primal repression through the actualisation of cannibalism, incest and murder, the prohibitions of which are the basis of symbolic thought and of the preconscious Superego.

Many women cannot tolerate this reactivation of the primitive instincts for mastery and primal fantasies, and either abort or have a miscarriage. Michèle Benhaïm (1992, p. 59), a psychoanalyst in a maternity clinic, has noticed the existence of a deadly fantasy and observed frequent abortions in the case of the first child. 'This impossibility of not going through an abortion so as to be able, subsequently, to give birth to a child, is relatively frequent. It is as if, to become a mother, a crime had to be carried out in reality.' Sometimes, she adds, the miscarriage replaces unconsciously an abortion, and abortion a murder: 'Miscarriage – a madness of the body – proceeds from an acknowledgement, beyond speech, of the fantasy, thus protecting the woman from the 'crime' instead of it committing it unwittingly.'

During the primordial fusion, by taking into herself the energy and 'sacred life' of the Father, the mother makes a primordial mimetic identification with the incorporated instinctual object (Freud 1913, p. 140-1). She thus incorporates the kinaesthetic energy and identifies with her primal double, who is at once her Father and the child that she was. She incorporates the

libidinal energy into her primordial object of survival (blood) and into her whole body. Hence these words addressed to the child subsequently: *'You are the blood of my blood, you are my whole life'*. He becomes, for her, the primal object and source of life, of the primitive instincts of mastery and of all the sexual impulses (oral, urethral, anal, and genital). *'She makes a mimetic identification and a primordial cannibalistic incorporation'*. The instinct for mastery is thus transformed into erotic mastery:¹⁰⁰ in an imaginary identification with the incorporated Father, the mother sees herself unconsciously as the child who is the double of the primal love-object. The child thus becomes the source of love, life and desire of her primordial narcissism.

The dreams that characterise this first phase of the pregnancy in somewhat fragile women (the most robust repress them in an attempt to keep secret the erotisation of the primordial fusional tie) are nightmares in which they are pursued by animals and in danger of their life, and very oedipal dreams.

The intensity of the satisfaction of this primal fusional plenitude is often mentioned. 'The deaf mother', writes M. Benhaïm (1992, p.23), 'longs for fusion. Fusion-absorption, mad desire for a 'body in body' for eternity.' During this phase of primordial fusion, the mother experiences the archaic satisfaction of being outside-time, characteristic of the hypnotic state. After impregnation, as we have seen, she regresses to her mother's unconscious fusional schema and becomes dissociated from her own unconscious schema. This dissociation provokes the primal state of hypnosis.¹⁰¹

During this stage, in order to re-establish the sense of belonging and continuity with her fusional ego, the mother develops a transference on to the 'virtual child'. To do this, she turns her attention towards his movements¹⁰² and needs. The virtual child becomes the unconscious origin of the mother's internal movements and needs. *This is the first transference, the first inversion of perception that structures the organisation of the schema of the inverted tree.*

From this point of view, it is the infant who, so to speak, is the master on board and the mother adapts herself 'by eating and spitting'¹⁰³ in order to constitute unconsciously the 'primordial inside', a fusional internal space. The 'virtual child' is symbolically introjected into the mother's internal space. A young patient, who was just a few days pregnant, called her child 'my BEEP', like the little sound signal for calling doctors in hospital services.

The germinal egg, a semi-foreign body, is accepted by the women's immune defence system as a part of her body, which supports the hypothesis of a preorganised fusional schema. To exist symbolically as an object, the infant occupies the position of 'organ-child'. This fantasy is revealed in all languages by expressions such as: *you are the apple of my eye* or alternatively *you are my heart, etc.*

The child's dissimulated (*unheimlich*) destiny, integrated within the same space-time as the mother's, is already sealed, because the mother cannot differentiate his movements. The heart of the embryo, for example, which starts to beat after three or four weeks (Changeux, 1999, p.272), tunes itself to the mother's affects until the pregnancy has reached its term: if she is anxious, it beats more quickly (Cylrulnik, 2000, p.64).

The mother can become aware of the child's existence and anchor him as a virtual subject and sensory object in her functional image with the end of her periods and by noticing modifications of her state, her energy, her needs and her internal sensations. In the early stages of pregnancy, women often complain of nausea, fatigue and a great need to sleep. Through these disturbances which clearly designate 'the state of pregnancy' – in medical jargon, 'sympathetic' signs (word meaning 'suffering together') –, the mother integrates the infant's presence in conscious time.

2. FIRST PRIMORDIAL CASTRATION

Between the third and the fourth month the first primordial castration occurs, which, for the mother, marks the passing from her unconscious fusional schema to her preconscious fusional schema. In effect, at the end of the third month, her tummy begins to fill out. Unforeseeable, uncontrollable, and sometimes disagreeable sensations appear due to the movements of the foetus, although she does not notice them yet consciously¹⁰⁴ and no longer experiences the significant disturbances of the state of pregnancy.

Her regression to her own mother's unconscious fusional schema, her complete adaptation to the fusional schema created by the infant lead her, it seems, to 'forget', after a few weeks, the images associated with her own functional schema. She is then deeply anxious because she feels that she is no longer herself. This depersonalisation anxiety (which is also found in severe neuroses) is connected with the feeling of no longer being able to recognize herself and of being unable to anticipate her movements, as she could before, owing to new sensations which generate all sorts of fantasies. Even patients who happen to be doctors have a completely fantasy-based, and even worrying attitude to the inside of their bodies. One could say that the anxiety and fantasies linked to internal bodily transformations (the idea that their organs are damaged, crushed, etc.) and external ones (of becoming completely shapeless for ever, of never losing their tummy, of no longer being desirable) constitute for women the only means of maintaining, throughout the pregnancy, a sense of continuity between their former body and the fusional body.

As the mother no longer has the sense of having a fusional body, she *also loses awareness of the child's existence*. During this period, as a way of struggling against anxiety, she returns to the primal fantasy of the primordial murder of the Father, the primal double with whom she was identified. As we have seen, the incorporation and the primordial mimetic identification

with the primal double were for her a promise of eternity.¹⁰⁵ Her capacity to renounce this and to experience the loss of her fusional ego, as well as her acceptance of a *lowering of the sexual* and narcissistic *intensity* of the primordial fusional attachment, are the mark of *her first unconscious castration*. Thanks to the first phase of the unconscious fantasy 'a murder has been carried out' (which we came across in the analysis of Sylviane and Maeva), she is able to form an idea of this first primordial castration.

At the beginning of this first phase, we observed the very first psychic separation between the mother and the child, namely, his symbolic inscription in the mother's unconscious space. This inscription came about as a result of the irruption of the metaphor of the Father. We can see, then, that the murder of the fusional body or of the primal double is also the symbolic murder of the Father, because the primordial representation of the fusional body was based on the opening introduced by the father.

The primordial murder of the Father is also the unconscious expression of the hate felt by the mother for the primal object. Hate towards the Father on account of his primordial sadism (breach); hate towards the Mother as the Father's exclusive love-object during the primal scene; hate for herself as an 'intrusive' and destructive infant towards her Mother; and, finally, hate towards the intrusive infant. This primordial hate is necessary to diminish the intensity of the primordial fusional tie and to tear the infant away from incestuous passion and primordial fusion. Each castration in fact enables the mother to attenuate the intensity of her incestuous instincts for mastery towards the infant.

Some women cannot fully go through this first primordial castration and so remain fixed to the original fantasy of *one life for two*.

3. PATHOLOGIES LINKED TO THE FIRST PHASE

*Negation of the primitive scene
and of the impregnation or primordial
symbolic foreclosure*

If the woman's primitive apparatus of mastery is very impoverished and if her bodily identity is very weak, she will reject the anxiety linked to the sense of annihilation and death that follows conception. It is a *primordial rejection* of an intolerable unconscious idea. The rejection is to be understood in the sense of expelling outside, as in Freud's *Verwerfung*.¹⁰⁶ She pushes away both the unconscious idea of the dissociation of her functional ego, caused by the appearance of the fusional schema, and the idea of the incestuous and unconscious desire to kill.¹⁰⁷ This negation prevents her from symbolically introjecting the child's existence. She implements a *primordial symbolic foreclosure of the paternal metaphor*, or a *primordial negation* of the judgement of existence of the child's body. The child does not exist apart from her desire, her fantasies and her dreams, *because the primordial¹⁰⁸ signifier of the child has not been integrated within time and space*. The child remains the primal object outside time, indestructible, a source of life, love and desire. This negation causes an unconscious fixation of the infant to this first phase, which becomes the source of the pathologies of primordial narcissism (autism and schizophrenia). Indeed, owing to this fixation, the infant does not feel alive anywhere, living with the archaic fantasy of self-procreation in a body which has never really existed, beyond the repressed memories and dreams of his mother.¹⁰⁹

*Negation of the 'state of pregnancy'
or primordial imaginary foreclosure
of the time of the infant*

The mother whose sense of existing is impoverished (constitutionally and secondarily), and who does not sense the disturbances associated with the state of pregnancy, will be able to deny the infant's presence and have a miscarriage. However, once a pregnancy test has been done, very fragile women often suffer from terrible nightmares, full of images of internal decomposition and of disgusting and threatening creatures, which are equally followed by a miscarriage.

This difficulty in sensing the bodily modifications associated with pregnancy, without having a miscarriage, can also induce a *primordial imaginary foreclosure of the child as a living object*.

The child is felt to be an *inanimate object*. This primordial foreclosure will produce a psychotic core (we used to speak of blank psychoses) in the child or a tendency to have psychosomatic problems. To survive, he will begin to function like a target organ in autoimmune illnesses. A process of attack and destruction promulgated by the mother's cannibalistic impulses sets in, while at the same time the infant/organ starts in turn to destroy himself. In this twin movement of destruction, instead of destroying herself, the mother destroys the infant/organ who only feels he exists through pain and self-destruction.

A young female patient, for example, who suffered from amenorrhea and thought she was sterile, discovered she was four months pregnant just as she was beginning to prepare herself for some competitive exams. The gastric disorders, and also the ulcer attacks that she sometimes complained of, abated during the pregnancy. Like many young women nowadays, she gave birth one month early so as to be able to present herself for the exams, and her daughter came into the world with a perforated ulcer. Self-destruction and pain constitute the

primordial masochistic process linked to survival, as we have seen, both from the biological and instinctual standpoint; in other words, to sustain the primordial symbolic inscription and to feel that one really exists (when one is destroying oneself and hurting somewhere, one 'has' a body.)

If the mother does not succeed in representing the child unconsciously as a 'foreign body' (since biologically he is part of the same sensory object as her), *it then becomes difficult for him to distinguish unconsciously his own body from a foreign body.* The permanence of this dynamic may well explain the skin allergies and illnesses frequent in newborn babies, and might also be a cause of autoimmune illnesses.

It is worth noting that during the stage of primordial fusion it is also the unconscious wish for self-preservation, and the pleasure that goes with it, which often prevents the mother from having access to the sensations linked to the state of pregnancy.

Negation of the first primordial castration (unconscious)

In order to go through the first primordial castration *and to pass from fusion to the primordial symbolic introjection of the incorporated object*, it is necessary to be able to form a representation of the primordial murder. Sometimes, for some fragile women, it is intolerable and they will enslave the child in the unconscious fusional schema and the primal fantasy of *one life for two*.

Moreover, women who are dissociated from their functional image, like obese women or women in labour, are unable to create an imaginary link with their former body and, to maintain the permanence of the state of pregnancy, they remain fixed to the first stage. The child then occupies the mother's whole internal space, thus reactivating sharply the primal fantasy of *one life for two*. A brief clinical fragment will illustrate this point.

Blanche, an obese and depressive patient, had lost about thirty kilos during her pregnancy. From the moment she was

born, her baby refused the breast and all other food directly from her, as well as in her presence (in the same room for example) until the age of 18 months, when Blanche began an analysis. Blanche must have unconsciously hated the child who had emptied her during the pregnancy so much that the baby was unable to feel any desire to live while being with her. The mother and the child could not imagine themselves surviving *at the same time*, in the same space (permanence of the fantasy of *one life for two*). The transference permitted Blanche to overcome this incapacity.

The more the mother is unable to integrate the child's movements, the more the latter will be split off from his body. Fixed in a predominantly egocentric mode of attention and a deficient instinctual and functional organisation, he will unconsciously feel he exists as an inanimate object within an unrepresentable moving body. This feeling is reminiscent of the bodily experience expressed by many neurotic patients: *'I feel like a dot in an absolute void'* or alternatively, *'I feel immobile in a world that is moving around me'*. You will also recall Claude's collage 'Solitude'.¹¹⁰

For the child, an absence of attention and a significant deficit of functional images during this phase can lead to somatizations and perversions (masochism in particular), especially as physical pain and illness are often more bearable than the mental pain linked to the anxiety of not having a body, as we have seen with Claude.

A severe deficiency in the mother's symbolization will be the source of a primordial melancholic core. Sometimes melancholic patients¹¹¹ relive this absence of representation in terrible suffering which they express as follows: *'I don't have a body, or any arms'* or, *'I have a huge body which invades the whole universe'*. The present tense used in their statement underlines their impossibility of representing themselves and of feeling 'the body which is no longer'.

Cancer, moreover, is not unrelated to this primordial melancholic core, this terrible pain in which the object is

completely unrepresentable without the murderous and sadistic impulse towards the primal object. In my practice, I have sometimes looked on helplessly as cancer emerged in patients who had a very significant melancholic core. It was troubling to observe how their depression and mental pain suddenly disappeared when they learnt of their illness. For some, moreover, recovery from cancer also marked their emergence from melancholic despair.

II. *Second phase of Primordial Mirroring: From 4 to 6 Months of Pregnancy*

I. PRIMORDIAL INCORPORATION AND MIMETIC IDENTIFICATION WITH THE CHILD

During the fourth month of pregnancy, the unconscious primordial castration arouses in the mother strong anxieties which reactualise the primal fantasy of *one body for two*. This, in its turn, stems from the intensity of her primitive mastery apparatus and from the primal fantasy *if the child lives, I die; if I live, I kill the child*. It is clear that the original fantasy of *one body for two* permits the mother to re-establish the continuity of the sense of belonging to the fusional ego and *to symbolize once again the child's presence in her body*. This primal fantasy thus appears to be the *primordial metaphor of the child*, since it allows the mother to integrate the latter within a bodily space. Indeed, the foetus is now moving more and more and she is beginning to become aware of its movements. It is one of the most touching moments of pregnancy, one which gives the woman the 'palpable' sensation of bearing a living being within herself.

Like all moments of awareness and of intense sexual and instinctual satisfactions, this change can arouse strong anxieties in some women. It can be seen that, throughout the pregnancy, the mother's ambivalence, and the anxiety that it arouses, are

constitutive of the child's sense of really existing. She realises that she is no longer alone and, to preserve her sense of having a fusional body, she operates a transference on to the child enabling him to integrate the preconscious image that he forms *with her* in order to organize his preconscious fusional schema. In the first phase, the 'virtual' child was totally integrated with her own space-time, as the unconscious origin of her 'internal' movements. In this second phase, the child's primordial I becomes the preconscious origin of her movements in conscious time. *This transference is the second that she has made since her impregnation, the second inversion of perception which structures the organization of the schema of the inverted tree.*

She makes this transference because, as we have seen, she can no longer anticipate herself the movements of her preconscious fusional ego. Consequently, this time, with the transference of her unconscious image, she also effects a primordial introjection and projection of her real time of action on to the child, who becomes the origin of her preconscious movements. To do this, her mode of attention must change from being predominantly interoceptive and coenaesthetic to being predominantly exteroceptive and proprioceptive. She identifies herself totally with the child and she becomes both the one who bears the fusional body and the one who is borne. *Now she can experience consciously and introject symbolically the image of the incorporated object.*

It is clear that the process of mimetic identification is also a process of *projective identification*: the mother introjects the foetus' movements and, thanks to the transference, she *projects* her own movements. She thus identifies unconsciously with the child's preconscious functional ego and relives with him the experience she had with her own mother. Many women regress and, for instance, start sucking their thumb or feeling afraid of the dark. The child in turn feels he exists through his mother's movements.

During this phase, the mother relives the fusional tie she had with her own mother. She now knows the satisfaction she and

her mother enjoyed of having *one body for two* and of living a fusional passion.

2. SECOND PRIMORDIAL CASTRATION (PRECONSCIOUS)

Towards the end of the sixth month, the mother goes through her *second primordial castration*, marking the transition between her preconscious fusional schema and her conscious fusional schema.

Indeed, around the sixth month the foetus' movements are more and more intense and cause a dissociation between the top and bottom of her body, which leads to a strong decrease in fusional experience. The mother feels cut in two: she is no longer really aware of what is happening below her waist.¹¹² During this transition, *she loses awareness of having a fusional body and has the feeling she has lost the child with whom she was identified*. Once again, she experiences anxiety and a strong reactivation of her survival instincts, especially as there is an acute dissociation in conscious time. For many women, this transition is a difficult one and they feel that they no longer are in possession of themselves.¹¹³ They are seized by very strong anxiety which reactualises the primal fantasy *I have killed my child*. This fantasy maintains the primordial symbolic inscription of the child, in spite of the disappearance of his image: *if she has killed him, it means he was very much alive*. The fear of dying and of disappearing also reactivates her cannibalistic impulses of survival which are expressed, for instance, through incoercible bouts of bulimia and nightmares featuring a child who is drowning in the sea/mother, sharks devouring the child or the mother, child abduction, and so on.

One sometimes observes a temporary reactivation of autoimmune illnesses. In my clinical experience, three patients got pregnant just as they were developing an autoimmune illness, which confirms the hypothesis of the mother's cannibalistic mastery of survival. Gradually, the child heals the

mother; the antibodies decrease slowly until the sixth month of pregnancy, and then increase sharply again. The mother is well but the child is sick, contrary to medical forecasts.

In her clinical work, Michèle Benhaïm has often encountered the statement of the fantasy '*I have killed my child*'. She writes: 'The nuance with the fantasy explored by Serge Leclair— *A child is being killed* — is situated in the tense itself of the statement; that is to say, in the fact that the murder is already accomplished at the imaginary level usually, and sometimes in reality. Once again, the tense in which this discourse is conjugated introduces the distinction. But in this case, the desire does not structure the fantasy '*I have killed my child...*' but the fantasy of being guilty for this murder' (1992, p. 12).

The fantasy *I have killed my child* permits the mother both to traverse the *second primordial castration* linked to the loss of the preconscious fusional image and to inscribe the second phase of the primal fantasy of the primordial murder, *I feel guilty for the murder that has been carried out*. The mother's unconscious wish and guilt, as Benhaïm points out, are connected in this fantasy with her oedipal desire: she feels she has killed the child of primitive incest and fusional passion, with whom she is identified, but if she experiences this feeling of having killed him so strongly, it means he has survived the murder of the Father! The mother's sense of guilt underlies the child's sense of complicity in the primordial murder of the Father and his *unconscious guilt for having survived this crime*. The reader will recall the presence of this archaic fantasy in Charlie during meals shared with others.¹¹⁴

At the end of this second phase of primordial Mirroring, it is this *preconscious* primordial castration that enables the mother to inscribe the child symbolically as a sensory object separate from herself. From this moment on, the foetus will no longer be part of the mother's preconscious fusional body, particularly as, at the neurobiological level, it has already acquired functional autonomy. The intensity of the destructive impulse occasioned by the fantasy *I have killed my child* is also increased by the

hate her mother felt towards her during her foetal life and the hate she felt towards her mother during her childhood. This hate is necessary for freeing the subject from the incestuous tie of primordial narcissistic passion. But fragile mothers find this second primordial castration difficult to negotiate.

3. PATHOLOGIES LINKED TO THE NEGATION OF THE SECOND PRIMORDIAL CASTRATION (PRECONSCIOUS)

Clinically, it can be observed that the mother who is fixed in an overly-intense relationship of narcissistic passion and hate with her own mother¹¹⁵ is incapable of conceiving of this castration. The symbolic murder may then be carried out in reality: she gives birth prematurely or has a miscarriage, as Benhaïm points out.

The premature child will be a very worrying survivor, especially as his physical aspect is incomplete. In medical jargon, he is referred to as a 'shrimp'. Once the mother has lost the preconscious image of the 'incorporated' child, she will be a bodily 'stray' incapable of establishing a rapport with the newborn baby, whose movements (in the foetal state) she had not integrated within conscious time.

A young and very depressed mother had been distressed and plaintive since her premature daughter, who was doing well but cried a lot at night, had returned home after three months in an incubator: 'When I gave birth to her, they took her away from me immediately; I wasn't even able to see her and feel her on my tummy. They gave me a photo of her later, but it wasn't enough.' I only had to speak to her about what she must have felt – the sense of having her own body torn from her, and a sense of emptiness and non-existence, because, for reasons connected with the state of pregnancy, the mother has the feeling of 'being' and of belonging to the body of the infant that she gives birth to – for her to recognize her anxiety and to become aware of her sense of being annihilated. Thanks to

this simple formulation which enabled her to imagine herself existing separately from her daughter, she was able to create a functional rapport with her. At the next session, a fortnight later, she had stopped taking anti-depressants and her daughter was now able to sleep quietly.

I was born without a body' is one of the remarks often made by prematurely born patients. The premature child senses the hate his grandmother harboured towards his own mother, and vice-versa. The feeling of not yet being born will stay with him for his whole life. It will be difficult for him as an adult to form a lasting relationship with someone, for fear of being killed or rejected.

This anxiety and these fantasies are also met with in children who have actually been abandoned at birth. In analysis, one notices that these patients have difficulty in tolerating the transference, and, if it proves to be rather intense, they often break off the treatment without a word, under the sway of primal fantasies. They leave the analyst, with whom they are identified, without warning him, so as to make the fusional object disappear at an *unexpected moment* and thereby traverse the primal fantasy *I have killed my child*. After that, they can have the feeling of having been born and of continuing to exist.

When there is a miscarriage, the still-born child assuages his mother's vengeance against her Mother. He represents the Mother of primordial incorporation, but also her own body devoid of representation during this phase of her intrauterine life. The extreme violence of the affects connected with these miscarriages constitutes a source of trauma and of psychogenic sterility. Although caught up in unacceptable guilt and suffering, the woman experiences an enormous sense of relief and feels she has been given a new lease of life.

A personal ordeal of Frida Kahlo,¹¹⁶ who rightly called herself a 'painter of reality', and two of her paintings, provide a good illustration of this experience. The ordeal was in 1932, shortly after her 'abortion' (you will remember that she was unable to have a child afterwards). We see Frida crying at the sight of her

still-born child, who still has the umbilical cord attached to the foetus that she is bearing inside her. At the top, on the left, we can see the different stages of primordial fusion. Sponge cells are divided by scissiparity. The first divides in the middle, and each of the cells retains a jaw and an outer eye. In the second division, both cells have a jaw and two eyes, an outer eye and an inner eye; the separation of the two internal eyes cannot occur and they remain stuck together (see the arrows).

Two paintings follow that were painted the same year, in 1932, the first of which is called 'The Henry Ford Hospital'. In this painting, we can see Frida lying prostrate on her hospital bed, holding in her hand a time reel connecting her with her baby, now suspended in an abstract space outside time, the origin of matter and the universe.

The second painting, executed a few months after, is called 'My birth'. It shows Frida Khalo giving birth to herself in a conjugal bed (one space for two), in an empty room. She painted 'My birth' a few months after her miscarriage and her mother's death. In this painting, by giving birth to herself, she loses the image of her face, hidden under the sheets, and maintains the image of her mother, who is now separate from her, displayed on the wall behind her, in her past. She is able to give birth to herself and emerge from the enclave only after the death of her first child and of her mother. This feeling, often impossible to formulate, is experienced by many women and is always accompanied by a great deal of guilt.

Mothers who suffer from a very intense primordial functional deficiency, annul, in the Freudian sense of *Aufhebung*,¹¹⁷ the sense of annihilation and the representation of the intolerable murder. *They implement the first preconscious negation of the child's existence: he exists, but he is not real (he doesn't move).*

The child will suffer from a deficient functional introjection: *I feel dead inside*. This hole of the primordial projection is not unsimilar from the black hole of astrophysics. The gravitational fall of the 'dead star' causes a hole in space-time which attracts mass and light and can only be observed through its effects;

the same is true for the black hole of thought. The mother's movements can only be introjected by the child as a black hole; so she only exists by virtue of the effects he produces, that is, an extreme erotization of this lack, of this terrible hole caused by the absence of preconscious images of the primordial other. *Sexual pleasure* replaces the failure of the sense of really existing,¹¹⁸ but the child will feel unconsciously that he is inanimate, 'a thing', an internal visceral object or the mother's faecal object. We all hear statements such as '*I am a piece of shit, less than nothing...*' This abyssal hole is often the source of addictive behaviours (alcohol, drugs, bulimic eating disorders or sexual bulimia).

Forever prisoner of the mother's fusional space, time and desire, the child will not be able to feel he exists in a separate body.

III. *Third Phase of Primordial Mirroring: from 6 to 9 Months of Pregnancy*

I. INCORPORATION AND PRIMORDIAL MIMETIC IDENTIFICATION WITH THE MOTHER¹¹⁹

After six months the foetus is viable, so following the second primordial castration and primal fantasy *I have killed my child*, the mother can identify totally with the child and make the transition from her preconscious fusional schema to her conscious fusional schema by operating a new transference on to him which becomes the source of the movements of the dyad in conscious time. *It is the third transference that she makes in the organization of the schema of the inverted tree.*

During this period, she feels she really exists in a fusional unity with the child who from now on *no longer exists as a separate sensory object*. She identifies totally with the child and *feels she belongs to his body*. The child, in turn, forms an integral part of the mother's body as the following words of a patient

suggest: ‘The child fabricates me, he puts me in myself’. With his body, and especially with his feet, he sculpts me; he opens me up to life.’ This remark helps us to understand more clearly the idea that there is no confusion between the two Subjects in the fusional space-time, but the interaction that the mother perceives with the child – for example, when she exerts pressure on her tummy to caress him – takes place in *the same real time of the action*. Her womb moves at the same time as the child! During this phase, she can no longer consciously integrate his movements because it is the child who directs the fusional body and she finds it impossible to evaluate his weight, his muscular force and his movements without seeing him, feeling him, and touching him visually, which is necessary to inscribe the object in time and consciousness. This shows up clearly in an ultrasound scan: the movements that appear on the control screen in no way weaken the ‘conceptual’ representation of the child, as Winnicott said. She can neither perceive nor anticipate the sound of his cry, the expression in his eyes, his resemblance with his father, and so cannot inscribe him in conscious time. In his foetal state, the child may be defined as an *object/non-object*.

2. THIRD PRIMORDIAL CASTRATION (CONSCIOUS)

Towards the end of the pregnancy, around seven and a half months, it is the child with his movements, energy and weight that directs the energy and time of the fusional body (movement in the physical sense). It is the child who ‘decides’ the time of birth. The mother feels less and less that she belongs to the child’s body owing to a dissociation of her conscious fusional schema. This dissociation arouses death-anxiety in her and increases the intensity of her hypnoid state. In a position similar to that of an astronaut, she is incapable of anticipating precisely the movements of her legs and feet. The child’s development and weight, and the movements and volume of her womb, prevent her from fully perceiving her own muscular

contractions, the bottom half of her body. Hence the somewhat ‘swaying’ gait that women so typically have towards the end of their pregnancy. It is at this point that the most sensitive among them seek help for problems of balance, fears of falling,¹²⁰ or because they are anxious that they will no longer be able to remain standing or ever be able to see their feet again. Thanks to these anxieties and these new sensations, the mother becomes aware of the inversion of the direction of the movements of the fusional body directed by the child, a symbolic inversion which creates the primal fantasy *to be born = to die*. Indeed, the child’s movements and his weight tend to make her fall, even though she is using her energy in the opposite direction in order to remain upright. She thus becomes aware of the splitting of the fusional ego and, consequently, *she loses the feeling of having a fusional body*.

During this transition, she realises that *the child that she has killed has actually disappeared*. She imagines the third phase of the primordial murder like this: she recalls the murder that she has carried out, of which there is no trace. This primal fantasy and the concomitant anxiety enable the mother to traverse her third *primordial castration (conscious)*. This castration allows her to pay intense attention to what is happening in her and to *inscribe the separation of the child’s body symbolically before giving birth*. This phase of intense attention, in a desperate search of the movements of the child that has ‘disappeared’, is reminiscent of my transference experience during sessions with very ‘enclaved’ patients.

We should bear in mind that during this phase the mother is totally identified with the child who has disappeared, and she can form an idea of this last primordial castration thanks to the primal fantasy *to be born = to die*. Patients often refer to this by making statements such as ‘*I died before I was born*’. This non-representation of the child before birth resides in the fact that, owing to the dissociation and splitting of the fusional ego, the mother no longer consciously senses the *interaction* with the child. She has the impression that he has the same sensations as

she does. Indeed, during this phase, it is no longer possible for her to organize her fusional schema, and, for genetic reasons, she then regresses to her own mother's *conscious* fusional schema. The transference that she has made on to the child allows her to feel she is really in the space-time of her Mother who thus becomes the origin of all the movements of the fusional body. The mother's conscious time is no longer that of the fusional space-time formed with the child, but that formed with her own Mother, the real time of her mother's action. *This inversion of the direction of time constitutes the final stage of the organisation of the schema of the inverted tree.*

This third primordial castration introduces the *primordial metaphor of the Mother*, because it allows the woman to inscribe herself unconsciously in a different fusional space-time than the one she has formed with the child. Thanks to his movements, she in fact relives her own mother's experience during pregnancy. Many women state that at this moment they experience their own mother's sensations and emotions; they may, for instance, relive her own experiences of mourning for close relatives, or have unusual desires and behaviours which belonged to her, often moreover those that they detested when they were children. They may also experience, with anxiety, strong homosexual impulses until the end of the pregnancy. As we have seen, this regression involves the *symbolic loss of the incorporated sensory object* (the child): he disappears from her perception before reappearing as the primordial fusional object of her own Mother. This is the return of her primal double!¹²¹

Until the end of the pregnancy, the child with whom she is identified 'no longer exists' separately from her. She feels she belongs at once to her Mother's body and to the child's body. To be born, the latter must direct all the energy of the dyad, and so the mother's energy too, down below, towards the centre of the earth's gravity, 'underground', as patients say. In this way she can create the primal fantasy *to give life = to die*.

By virtue of these two primal fantasies (*to give life = to die* and *to be born = to die*), she can identify herself both with the

Mother and with the child and inscribe the latter, before birth, *inafunctionalrapport*.¹²²

TABLE IV: PRIMORDIAL MIRROR

STAGES	PRIMAL FANTASIES	INSCRIPTIONS
Conception	oral self-procreation	primordial fusion
Stage I 0-3 months of pregnancy	<i>one life for two</i> <i>if the child lives, I die</i> <i>if I live, I kill the</i> <i>child</i>	primordial metaphor of the Father
Stage II 4-6 months of pregnancy	<i>one body for two</i> <i>I have killed my child</i>	primordial metaphor of the Child
Stage III 6-9 months of pregnancy	<i>to be born = to die</i> <i>to give life = to die</i>	primordial metaphor of the Mother

During this last phase of primordial Mirroring, the mother identifies herself with the child's functional ego and with that of her primordial Mother (her mother's *ideal ego*). She introjects the unconscious and preconscious movements of the child who, in turn, introjects those of his mother, and, through the anxiety and archaic satisfaction experienced, dreams, and primal fantasies, they elaborate their fusional experience.

In a true state of plenitude, the mother's sensations are sometimes close to orgasm, which reinforces the intensity of her primitive mastery apparatus as well as the child's. The child, with his 'pedalling' (*his primordial phallus*) and his presence, causes an alternation between erotic pleasure and pain. He is at once an oral and genital instinctual object, a vehicle of life and pleasure, and an uncanny (*unheimlich*) urethral, faecal and

genital object, a bearer of *too much* erotic pleasure, death and suffering.

This fusional experience permits the mother unconsciously to feel she is *full*, in a hermaphroditic, eroticised body, like Phallus, (you will recall that originally the Phallus was the symbol of the fertility, erotic desire and narcissistic completeness of both sexes). But she can only feel that she is in a body that belongs to her *by virtue of the interaction with the child who anchors her on earth*: this is the primal state of hypnosis.

In this fusion between the mother and child, then, there is neither lack nor loss. Extreme erotic pleasure prevails which the mother tries to sustain in order to conserve this sense of plenitude. Both of them feel they exist in a sort of see-saw movement: between life and death, erotic pleasure and pain,¹²³ the intensity of energy and the cannibalistic and sexual impulses of one of them exist to the detriment of the other, rather like in communicating vessels. Remember Claude's collage 'Psychoanalysis'.¹²⁴

So far I have been discussing the 'normal' third phase of pregnancy; now I will look at some of the problems that can arise during this phase.

3. PATHOLOGIES LINKED TO THE DENIAL OF THE THIRD PRIMORDIAL CASTRATION (CONSCIOUS)

The denial of the conscious castration is to be understood in the sense of Freud's *Verleugnung*,¹²⁵ as the denial of castration linked with the splitting of the ego. By denying the splitting of the fusional ego in conscious time, the mother in effect denies the existence of the child's body as an incorporated instinctual and sensory object and, consequently, his belonging to a definite sexual identity. In fact, for the child fixed to this phase of the process of primordial Mirroring, the sense of belonging to a hermaphroditic fusional body persists as he is 'enclaved' in a fusional 'link-space' with his mother. All his life he will have

the feeling of belonging to the body of his mother, who in turn is 'enclaved' in the body of her primal double. The permanent nature of this experience is precisely what constitutes the basis of the fantasy of the inverted tree.

Groddeck (1949, p. 37) wrote that, in giving birth, a woman *becomes* her own mother. If she has integrated his bodily identity well, she can differentiate herself unconsciously from the child. If this is not the case, it will be difficult for her to differentiate herself and to implement this last primordial castration, and she will remain enclaved in the space and time of the child. To illustrate the fixation to this stage of the mother's primordial identification, here is the drawing that Corinne had been doing since her childhood. She brought it spontaneously to analysis to describe her state of 'non-existence'.



The caption that goes with the drawing is: 'the more I live, the more I bury myself'. We can see depicted here Corinne's fixation to her mother's primordial identification and to the primal fantasy *to be born = to die*. Both babies (Corinne and her mother) are fusional, but different. They both have a very developed eye and they are positioned with their head down below, ready to be born. Their destiny is sealed; they are integrated in the same space-time, within the schema of the inverted tree.¹²⁶

During the last weeks of the pregnancy, the woman who is attached to the fantasy *to be born = to die*, will suffer from spatio-temporal disturbances and considerable anxieties: terror of dying, of being ill, or impulsion phobias (a wish to throw herself under the metro in Sylviane's case¹²⁷). But if she has

too great a deficit in preconscious and functional images of her Mother, she will not even be able to feel these anxieties, which are already an indication of separation. She will have the tendency to act out this primal fantasy and the child will die before birth.¹²⁸ Moreover, young women can often be seen skiing, going on bike treks, and making exhausting journeys just before this phase of the pregnancy.

During this last stage, the mother can only maintain the primordial symbolic inscription of the child with the help of primal fantasies and by being aware of the variations of her needs and of the intensity of the psychic and libidinal energy employed in her movements, like during the first primordial Mirror phase. Her appetite increases; she often has a desire for unusual foods which correspond to the needs of the child whose weight diminishes her breathing capacity. The idea *I am eating for two* sustains the cannibalistic oral incorporation and the primordial symbolic inscription of *one life for two*. The mother's fatigue and her difficulty in moving around and breathing sustain the fantasy of *one body for two* until the end of the pregnancy, thus retaining awareness of the child's presence in her womb (owing to the pressure felt; the child has a certain bulk and weight!). This pressure increases the mother's need to urinate and causes her tummy pains which resemble intestinal pains, sensations that increase the intensity of the anal and urethral sadistic impulses: the child becomes the faecal object, that is, the source and aim of her destructive impulses. As Groddeck said, the child owes his birth to hate. For the mother, he is a destructive faecal object. If she keeps him inside her, it is at the risk of pains and, in the long term, death; and if she expels him, she feels she disappears, since he unconsciously supports the psychic representation of a fusional space. The mother's ambivalence is all the more intense during this phase because the child also becomes an incorporated genital object, the source and aim of her incestuous sexual impulses, owing to the voluptuous sensations which he procures her with his movements.

The stubborn constipation of children (we saw this in Sylviane's case) and neurotics, more frequent in women, certainly relates to the anxiety felt by the mother during this phase of their intra-uterine life, connected with the sense of no longer having a body. This anxiety reactivates the destructive impulses and primordial sadistic violence so as to maintain the sense of belonging to the mother's body.¹²⁹

The lack of symbolic and functional images of her own mother, the terror linked to the primal fantasy *to be born = to die*, and the anxiety connected with her incestuous pleasure and her own birth, can lead the mother to *deny* the variation of the intensity of her needs and her sexual and primitive impulses, and so to *deny the existence of the child in conscious time as an incorporated instinctual and sensory object*. She will thus remain in an unconscious fixation to the primordial symbolic inscription *one life for two* and to the fusional and incestuous tie of mastery with the child.

Following the fixation of the primordial transference to this third phase of primordial Mirroring, the risk of hysterical, phobic (claustrophobia, impulsion phobias, nosophobia), bulimic and perverse problems as well as somatisations, like asthma, will be real.

We have seen that during the process of primordial mirroring, the child's sense of really existing depends unconsciously on his symbolic castration by his mother. In other words, if the mother has been introduced to the paternal metaphor, she will be able to inscribe the child in reality and time. So what is the father's specific role during the pregnancy? The father can only have a paternal function and help his wife to effect primordial castrations if he and his own parents have gone through them and symbolized them unconsciously. This point is very important because this parental complicity in enclaving the child in their time and in their desire often goes unnoticed.

Chapter 3
**CHILD BIRTH
AND PRIMITIVE CASTRATION**

I. Primitive Castration

1. DESCRIPTION OF THE PHENOMENON

Primitive castration is the organisation of the primal fantasies by virtue of which the mother is able to elaborate the unbinding of energy (*Entbindung*)¹³⁰ in giving birth and establish psychic continuity as well as a sense of familiarity and love with the child with whom she is identified.

On nearing term, primal fantasies and primordial anxiety are very intense, even if everything seems to be going well. The mother may react, for instance, with a sort of manic defence whereby she starts moving the furniture around or cleaning frenetically ahead of the baby's arrival, perhaps in order to give birth more quickly. But more 'transparent'¹³¹ mothers are deeply affected by the unconscious drama that is being played out. The child identified with his mother's fusional ego directs the fusional body. The fear of death and breakdown, as well as the ever operative primal fantasies *to give life = to die* and *to be born = to die*, hardly leave any solutions. This death-anxiety is sustained by the unconscious recollection of the castration anxiety traversed by her mother and herself prior to her own birth, and then by the shared experience of birth and of the

irremediable loss of the fusional object. The memory of this anxiety permits the mother both to anticipate the possibility of survival after delivery and to increase the intensity of her instincts of survival and destruction towards the child. Often, moreover, during this phase, women dream of the baby. A very religious patient, for example, dreamt of an angel announcing the birth of her boy to her, whereas she wanted and was expecting, following her ultrasound scans, a little girl.

During this phase, the baby, who is sensitive to his mother's castration anxiety and primal fantasies, reactivates her instincts of survival by moving more. As Groddeck (1949, p. 28) said, a common desire for separation is indispensable for the mother and the child if the birth is to come about. The memory-trace of the experience of primitive castration, linked to the delivery and birth, will be the source of the castration anxiety experienced by the child, boy or girl, in the course of his or her development.¹³²

During the last days of pregnancy, when the extreme sensual pleasure of the primordial fusional tie and castration anxiety have become unbearable, the mother feels ready to separate herself from the child and so to pass from a narcissistic passionate rapport to a loving relationship with the child. A distinction should be made between these two relational modes: the passionate rapport is the narcissistic passion which has already been constituted with the primal object and which is reactualised with the incorporated object; the loving relationship is one that is constituted *ex novo* with the object once it has been 'excorporated'.

Before the delivery, the mother experiences a nirvana-like pause, outside time, without desire. 'Being pregnant', writes M. Bydlowski (1997, p. 85) 'is less about having a child than being the child oneself, nourished by the intoxication of satisfaction. This desire is realised imaginatively and fleetingly during the last days of the pregnancy when, in the imminence and premonition of the rupture, the delivery, a nirvana-like

pause often occurs, a fleeting instant of narcissistic invasion and return to a primal state of bliss.'

Some women, at the very moment of expulsion, experience an orgasmic pleasure, and go through a 'little death' provoked by the unbinding of energy of the fusional space-time. This sensation is accompanied by the first phase of the primal fantasy in which *giving birth is equivalent to dying*. After delivering the child, owing to the huge effort deployed, they experience a feeling of emptiness due to the annihilation of the energy of the fusional body. This experience of annihilation reactivates the second phase of the primal fantasy *giving birth is equivalent to killing the child*. But only the sense of annihilation permits the mother to form an idea of the loss of the primal fusional object and to inscribe the child in reality, in a 'zero'¹³³ time of his life, which begins with the caesura of birth.

However, we have not forgotten that, during the last phase of the pregnancy, the baby is identified with her own Mother and with the fusional child that she once was. In giving birth, *the mother thus lets her own Mother die* as the fusional object of her primordial identification, *and kills the fusional child* of her primordial narcissistic passion and of her incestuous desire. This takes us back to the unconscious meaning of three of Voledda's sculptures depicting the experience of delivery, which introduced pain, the death of the grandmother and of the child in primal fantasies.

It is of note that the murder of the fusional child, the fruit of primordial incest, is the only psychic representation capable of effecting a symbol-generating detachment from the child's body with which the mother is totally identified. Concerning this fantasy, Michèle Benhaïm (1992, pp. 12ff) writes: 'I have killed my child, the very one to whom I have just given life... Giving birth requires the mother to answer for a murder. Thus it is in this moment of choice, in this period immediately following the birth that murderous impulses set in, which are terrifying and incomprehensible for the mother and delirious for those around her... Murder is closely akin to incest.'

Every mother, in giving birth, feels, with very intense pain, the passage of the baby. After the delivery, the breaking of the amniotic bag and placenta, she feels a sense of annihilation, which is experienced as a vertiginous fall. Without the pain and this experience induced by the loss of the fusional space-time,¹³⁴ a mimetic identification is prolonged between the mother and the child. The pain caused by this break marks the onset of primitive castration, as is shown by the first sculpture in Voledda's trilogy: it 'imprints' the memory-trace of childbirth and its intensity inscribes the memory of the loss of the fusional object in conscious time. The frequent use of epidural anaesthetics today makes this inscription more difficult.

After the delivery, the mother feels completely emptied. But one must distinguish the sense of annihilation, brought on by the unbinding of energy after the expulsion, from the notion of separation. If she experiences the delivery only as the loss of a part of her body, the child, in Einstein's view, will remain integrated within her own space-time.¹³⁵

Nevertheless, how can she imagine the annihilation of a sensory object of which there is no trace? The only representation of it is the death-anxiety and castration-anxiety caused by the loss of the primordial objects of survival (blood and water), the loss of the primal fusional object (the Phallus), and of the incorporated instinctual object (oral, urethral, anal and genital) with which she was identified. In fact the only functional image that the mother has of giving birth, especially for the first delivery, is the action of pushing to defecate, which contributes greatly to accentuating her identification of the child with the faecal object. Many women feel disgust and are traumatised by the sight of their newborn baby all dirty and crumpled, born in blood and, possibly, with their excrements and urine. This identification is also increased by infantile primal fantasies about delivery and birth; many women retain the primal fantasy of giving birth via the navel or the anus.

At the end of the pregnancy, integrated with the fusional body directed by the child's movements, she was anchored on

earth through him. After the delivery, she loses the perception of her movements (internal¹³⁶ and extra-bodily). She comes back down to earth violently, like the astronaut, propelled once again in her body and in gravity. Still in a hypnoid state, she feels 'landsick'. Many women complain about this bizarre state which lasts for a few days: '*I felt dead*', they say, with a sense of uncanniness and have difficulty in recognising themselves in the mirror: '*it wasn't me, it looked like a corpse*'.

In effect, the mother, dissociated from her functional image, feels dead, misshapen and without desire. She has now lost her big tummy, which sustained the fascinating, very sexualised, phallic image of the state of pregnancy and of the ideal child, the support of all her primordial narcissism. She will then go through a difficult period marked by depression, which may be defined as *anaclitic*.¹³⁷ She has the feeling that she has lost *everything*: her body and the object of her narcissistic passion. This depression, commonly called baby blues, always occurs, but with varying intensity. The fact that it goes unnoticed is the mark of a deficiency in the process of primitive castration. The moral pain that follows this wrench and this loss proves that the fusional object has really existed and that the emotional collapse really occurred. She can thus inscribe the child symbolically in conscious time and in a separate extra-bodily space. The mother now undertakes a real work of mourning.¹³⁸ The function of psychic pain in mourning for close relations becomes clearer: it makes it possible to inscribe the memory-trace of the real loss of the object in the unconscious, and its absence in conscious time.

Through this impression of no longer belonging to a living body, the mother, still in a hypnoid state, can operate a *symbolic* cut with the child's body, but not yet an interruption of the inversed functional rapport. Indeed, to feel she exists in conscious time, having 'forgotten' her functional image during the pregnancy, and still being biologically integrated with the child's functional schema (we can see this though feeding), she must *see* and *touch* the child to integrate herself in time. In this

way she makes a transference on to the child, which becomes the unconscious origin of all his movements.

This transference is the first that she makes during the primary imprint in the constitution of the schema of the inverted tree. In the embryological state, skin is an organ close to the neurological system. This is why, if he is not sufficiently touched by 'light', optical flux and vision, and the auditory and visual images that accompany parental words and gestures, it will be difficult for the child to build a psychic envelope for himself, a closed membrane that separates him unconsciously from the outside world. Subsequently, the mother and child's progressive *awareness of the void* that separates them founds the judgement of existence in reality. If she does not experience the void after the delivery and *still perceives the child as an internal object*, she will not listen to him and 'touch' him sufficiently with her gaze, given that there is a only limited period of time during which a piece of visual information can be integrated.

Knowing that the child is in a separate space from her own primordial Mother (Father) attenuates considerably the intensity of incestuous desire. The intensity of the fusional tie of mastery that the mother has kept with her own parents also diminishes with the first child. This opens up a new perspective on the frequent illnesses or deaths of her parents upon the birth of the first grandchild, and of their daughter in particular.¹³⁹ One finds in them the permanence of the primal fantasy linked to primitive castration – namely, that giving birth brings about the death of the primordial Mother (Father), i.e. the grandparents.

Pregnancy and childbirth thus prove to be a traumatic experience both for the mother and for the child.¹⁴⁰ This is owing to the excessive strength of the satisfaction of the primitive and sexual instincts for mastery that both feel, but also owing to the representations of primal fantasies linked to the desire for murder and incestuous pleasure. This unconscious experience and these psychic representations are so intolerable for the mother's preconscious superego that they have to be cut

off from the other repressed representations in the unconscious: this is *the process of primary repression*.

It is possible to suggest that *primordial castrations structure the unconscious process of primal repression* in the mother and the child and that primitive castration allows them to form an unconscious representation of the experience of primal repression itself (that is, the annihilation and amnesia of the fusional body).

Sometimes, trauma and unconscious desire are so massive that the mother *denies* primitive castration and, consequently, primal repression. 'Every childbirth,' writes M. Bydlowski (1997) even the most normal, is likely to stage, in the reality of the mother's body, these representations of incest and the murder of its fruit, but they usually remain repressed. The repression concerns precisely these representations. It is a dynamic process which is always capable of being thwarted by the force of unconscious desire.'

I am now going to look at the problems caused by a denial of primitive castration.

2. PATHOLOGIES ASSOCIATED WITH THE DENIAL OF THE PRIMITIVE CASTRATION

The mother sometimes has difficulties in traversing the primitive castration – or even the denial of it – owing to the anxiety linked with the primal trauma of her own birth or a secondary trauma experienced during an earlier childbirth which had severe consequences for her and/or the child, or even resulted in the child's death. Overly intense castration anxiety, linked to the unconscious incestuous *jouissance* felt during the process of giving birth, can also prevent her from elaborating primitive castration.

But the most serious difficulty remains that of becoming aware of the loss of an 'invisible' object which belongs to the mother's body, without no real consistency, and of which there remains no trace: the foetus. I have defined it as 'the object/

non-object' because it exists *only* inside the mother's body (the foetus detached from the mother's body is always designated as a child; even following a miscarriage it is called a still-born child).

We have seen that awareness of primitive castration, and of the process of mourning that follows it, is necessary for the constitution of the object relation. If she denies the primitive castration, the mother has the impression that she still continues to perceive the child inside her. These sensations throw light on such exclamations as '*I am not ready to give birth, let me go home!*' made by women after delivery, with their child on their tummy. According to the testimony of a mid-wife, these statements are much more frequent in women benefiting from medically-assisted procreation. She will thus remain fixed, with the child, in a fusional relationship in the space-time of her own Mother and in primal fantasies; *the child will not exist in an extra-bodily space separate from her* and the intensity of the enclave will depend on the severity of her symbolic and functional deficiency.

However, the mother can deny the primitive castration only partially: after traversing the first phase of the primal fantasy *giving birth is equivalent to dying*, she does not feel sufficiently alive to go through the second phase of the fantasy, 'to give birth is to kill the child'. When she gives life, she feels that she has given everything to the child: her life and her body. The following remarks shed light on this feeling: 'When my child was born, I felt dead'; or, 'When my child was born, I lost all my blood'; or alternatively, 'Since my daughter's birth, I have forgotten myself'. In this case, she will be able to inscribe the child symbolically in a *separate extra-bodily space*, but she will only be able to survive by identifying totally with him. In effect, if she has not existed in her own mother's proprioceptive awareness, she will enclave the movements of the child in this absence of representation, by denying the second phase of primitive castration. The mother, who is equally enclaved, has the feeling of continuing to exist in the child's body.

The clay models of certain patients¹⁴¹ have helped me to understand the denial of primitive castration and the phenomenon of enclave in neurotics. Those by Émile, the young man who wore two pairs of jeans to hide the absence of the lower part of his body,¹⁴² illustrate particularly well the two primal fantasies associated with childbirth.

When I asked Émile to model his mother carrying him in her arms, he replied that it was impossible for him to imagine it. On the other hand, he could model himself in his blind grandmother's arms. His model is a shapeless mass that is reminiscent of an embryo-foetus, or a shrimp, as it is frequently said, with a belly in an oval form, like a rugby ball, designating the belly of pregnant women. This image is difficult to think about because it may signify both the grandmother- foetus pregnant with him and also himself 'pregnant' with his grandmother. This archaic representation with the grandmother and his incapacity to imagine himself with his mother shows us how she totally denies primitive castration. After a few sessions, Émile brought a second clay model which represents him on the back of his mother, who is modelled upright with her arms close to her body and with a mass stuck to her back. This is how he commented on his model: 'I have tried, with much difficulty, even to the point of feeling sick, to imagine myself with my mother. I cannot imagine myself in her arms, but only in her back. I always felt I was like a lump. Moreover, in our family we all suffer from back pain.' This model, which is a little less shapeless, represents him in his mother's extra-bodily space.

Émile has remained enclaved in his grandmother's and his mother's fusional space (fixation to the third primordial Mirror phase). Certainly, during the pregnancy, his mother did not experience him unconsciously as a living being (imaginary foreclosure of the child's movements). There is no rapport between his mother and him in the clay model 2. He exists symbolically in her extra-bodily space (he is modelled in a different colour, his mother in bright green and him in dark

brown), but he remains stuck to her, incapable of moving, of seeing and of crying out (fixation to the preconscious fusional schema). He feels integrated with his mother's body like a lump in her back. It is she who is carrying him and who has the intentionality of the movements of the fusional body, without being able to *see* him or *touch* him: he doesn't exist for her in an extra-bodily space that is separate in conscious time. The only sign of his 'presence' is his weight in her conscious fusional schema, as during the third primordial Mirror phase. He weighs heavily on her back; she suffers because of him; she sees, she lives and speaks in his place. Émile also feels as if he does not have his own body and only feels he exists by virtue of his back pain, which gives him the sensation of belonging to his mother's body and of bearing her suffering. Émile suffered from a very severe phobic neurosis, which totally prevented him from living. From the age of 14, he lived cloistered in his bedroom.

Sarah's clay models illustrate the partial denial of the primitive castration, a denial of the second phase of the primal fantasy of childbirth: *giving birth is equivalent to killing the child*.

The mother is modelled with breasts but without arms or legs, like an upside down flowerpot, with a crack on the lower belly. Her facial expression is tragic and rigid, with holes for eyes. The child is hanging on her back, though at some distance, and his legs are merged with the mother's body.

Sarah commented on her clay models as follows: 'The mother's body is completely lifeless. The child's gaze literally pierces the mother's head (she used a stick to align them): he is the gaze of his mother who cannot see. The child has a shapeless face which has been constructed from an internal image in the mother's brain.'

The mother feels dead as she can no longer 'see' the child within herself. She has been able to imagine this first phase of the primitive castration through the fantasy *giving birth is the equivalent of dying*: she is no longer the primordial mother. We can see the trace of this castration and the inscription of

this foundational lack through the gaping fissure traced in the skirt. Nevertheless, she can only feel she exists through the baby's movements and, consequently, she is unable to imagine the second phase of the primitive castration: *giving birth means killing the child*. The mother has hollow eyes and, thanks to her 'internal' eyes, she perceives herself in her daughter's fusional space (the clay model is just in one colour).

But, unlike Émile, Sarah 'exists' symbolically in an extra-bodily space separate from her mother: we can see in her clay model that the baby is detached from her mother's back, and that he can see, hear and speak in her place. However, like Émile she does not have an autonomous functional image, having neither arms nor legs. In other words, Sarah, *exists* for her mother, *but she is not real*. For, continuing her primordial identification with the fusional child, the mother does not try to 'see' her daughter in conscious time and, as it were, 'forgets' her. Sarah, identified in turn with her mother who neither touches nor sees her, does not feel she really exists and feels 'invisible'. In this fusional tie, the primal fantasies of *one body for two* and *if I live, I kill the child* persist with intense primitive impulses that, unconsciously the child's life is constantly in danger. In her childhood, Sarah almost died several times by 'accident'. The first time, when she was six days old, was from dehydration: on leaving the maternity clinic, her mother had 'forgotten' her in the car for several hours in the sun. During the pregnancy and for a few years after her birth, her mother had a recurrent nightmare in which she could hear the desperate cries of a baby without ever identifying where they came from, and finally she would find it had died from hunger, lying behind the double curtain in the living room. As we have seen during the three phases of the primordial Mirroring process, it is often through nightmares that the 'enclaved' mother becomes aware of the child's 'invisible' existence. Sarah was an anorexic baby, and, as soon as she reached adolescence, suffered from very severe bulimia.

In all the forms of denial of primitive castration, the child remains a prisoner of the schema of the inverted tree. He is at once the source of his mother's sense of really existing and the object of her desire. As early as birth, in the position of a *true survivor*, he is prey to primitive guilt:

1. For having escaped the primordial murder.
2. Because he embodies the fruit of primordial incest.
3. Because he is not his mother's primal narcissistic double.
4. Because he is no longer a 'virtual' child in his mother's womb.

As a result of the permanence of the primal fantasies and primitive impulses, the child is led to inhabit the mother's body, an extremely eroticised body. This process of identification is more pronounced in girls, no doubt for phylogenetic¹⁴³ and ontogenetic¹⁴⁴ reasons, but also because of the fantasy of the inverted tree, linked to the unconscious desire to be able, as it were, to 'clone' oneself. Remember what Claude said: 'I feel as if I am cloned somewhere, and it is impossible for me to escape from this double that is compressing me.'¹⁴⁵ Being enclaved, the child embodies the primal double: the grandmother and the mother/baby. Michèle Benhaïm (1992) confirms this hypothesis: 'In all the cases of errancy (maternal) that I have encountered in my research, I have heard in each case that it concerns first names or dates of birth, i.e. a confusion between child, mother and grandmother.'¹⁴⁶

The mother who has denied the primitive castration is sometimes suddenly subject to severe phobia impulses which are very difficult to bear. Sometimes, with very 'enclaved' patients, the destructive impulses are so strong that the child lets himself die (unexplained death or sudden death of the baby). Two of my patients went through this nightmare: after the birth of their son, they were prey to compulsive desires to strangle. On the one hand, they were too disappointed about having given birth to boys and, on the other, they had both lost a brother during their childhood who was much loved by the parents: one of them, as a baby, in a domestic accident; the other

in adolescence following an overdose. Their newborn baby died during a siesta in their bed with them. Guilt feelings and the fantasy *I have killed my child* very quickly got the upper hand and they gave themselves up to the police, thereby immersing themselves in delusion. Indeed, delusional madness becomes a refuge for very enclaved women. The very pathological example of the statements made by Catherine, who murdered her eldest daughter,¹⁴⁷ can help us to understand the scale of the problem. During her trial and in response to the prosecutor's question concerning her deliveries, she explained: 'Oh, it was alright. In fact, I have never really completely separated from my children. I was very attentive. Very anxious for my children to whom I devoted all my time. But my eldest daughter lost her baby smell and a child cannot live without its mother.'

Generally, though, enclaved mothers do not experience anxieties; it is quite simply impossible for them to integrate unconsciously the idea that the child can exist in an extra-bodily space that is different from theirs. It is not easy for them to notice the intensity of their denial of the child's existence. Only the somatic symptoms of their infants reveal the problem (eczema, asthma, etc.). Enclaved, the child is destined to somatize, die, or to survive in a sort of non-existence as in all the pathologies of narcissism. Thus a young woman, who put her hand on her tummy sadly at the end of her second pregnancy, following the sudden death of the eldest daughter, said: *I feel a sense of non-existence*, confirming this destiny.

The enclaved child feels imprisoned in the bodily space and incestuous desire of the parents – an archaic fixation that is revealed by the fantasy of the upside-down tree.

All that remains is a common representation of a psychic and physical space. This primordial fusional tie creates an 'link-space' (as Claude rightly said in her letter¹⁴⁸). The child remains fixed to an inverted functional image of his own psychic and physical space: the parents, and in particular the mother, are at once his internal and external space and his specular image. Interiority, the inside, like the notion of emptiness or of a

physical and psychic membrane separating inside from outside, are merged. Subjected to the gaze, to the perception and desire of the parents, later on he will need the gaze of an 'other' to feel he really exists.

Every movement towards individuation provokes in him acute death-anxiety and a very violent experience of annihilation. This type of 'link-space' sets up a split between his unconscious bodily schema and his functional schema in conscious time. The enclaved child feels split from the present and from the future, with the sense of having already lived in the past. This is illustrated by a patient who said: 'When I write I have to get rid of the future which was already past in order to be in my present, but as a result, I no longer have a future.' All his life he had a sense of non-existence.

As soon as she becomes pregnant, the process of primal castration is operative in the mother, enabling her to organize progressively the time of the child's functional image, through anxiety, the schemas of primal fantasies and the different phases of the fantasy of the primordial murder. She must integrate progressively the movements of the foetus during the entire pregnancy so as to be able to organize his internal model of perception and to differentiate it from herself before she gives birth.

The negation of the existence or development of the foetus, the denial of primitive castration and of primal repression seems to me to be the earliest source of the child's functional disorders of self-recognition and of his pathologies. The severity of these disorders depends on the intensity of the mother's symbolic failure, on the intensity of the functional deficit and on the stage of fixation of his functional image during his foetal life.¹⁴⁹

The symptoms of the enclaved child are linked, according to these criteria, to the fear of not really existing, of being neither visible nor present for 'others', and to the death-anxiety and castration-anxiety connected with his incestuous desire. The self-destructive drive continues to be too intense owing to the failure of the mother's primitive castration and primal

repression. The father, as we will see more clearly in the next chapter, is also involved in the primordial tie of mastery that the mother forms with the child (which we have already seen in the different clinical fragments).

II. *The Child's Point of View*

I. BIRTH

At birth, the child's sensations of being wrenched from its mother and of intense pain leave their mark on its inscription in life. Birth implies the annihilation of its primitive apparatus of mastery – it is really cut off from its original vital continuity – and the annihilation of its fusional space-time. This annihilation causes discontinuity, an absence of images of the body and a dissolution of the sense of actually existing. This collapse is inscribed unconsciously for the baby through its mother's castration-anxiety and the primal fantasy *being born = dying*. In order to feel it exists in conscious time, the child, who, at birth, loses its sense of belonging to its own body, must be in its mother's presence and re-establish the transference with her and the original hypnotic relationship. Owing to its premature state, the memory of the baby's body in conscious time is very short. It thus goes through a transitional phase in which the tie of fusional mastery with its mother, which existed before birth, is reconstituted. As Freud (1926, p. 138) writes: 'There is much more continuity between intra-uterine life and earliest infancy than the impressive caesura of the act of birth would have us believe. What happens is that the child's biological situation as a foetus is replaced for it by a psychical object-relation to its mother.' According to the footnote, Freud committed a *lapsus calami* in the first 1926 German edition where the caesura of birth was misprinted as *Censur* (censorship). Does this not strengthen the link between primitive castration and primal repression?

Dolto (1984, p.90) calls this caesura of birth the 'umbilical castration', which results in the baby's bodily schema being inscribed within the limits of the envelope constituted by the skin.

At birth, the child is stamped by the memory of its mother's body, and the mother by the memory of the child's body. It is marked by its mother's voice, by the smell and taste of the amniotic liquid of her 'moods'.¹⁵⁰ The mother's taste and smell constitute the child's own smell, and he feels he exists in it just as his mother recognizes herself in her child's smell. This helps us to appreciate better the essential function of the piece of clothing impregnated with the mother's smell in the case of an early separation.

But whether it has been too early or too long, the risk is now that the child may regress to the state of desubjectivation of birth, that is to say, into the hole of the continuity where he did not feel he had a body, having no signifier to represent it. This hole in continuity, a void of time and images, constitutes the melancholic imprint of the primary imprint and is very different from feelings of lack or frustration. The perception of this void, after a great deflagration, is experienced very intensely by the newborn baby who does not have the capacity to represent this loss.

We come across this anxiety in the fear of breakdown felt by patients, described admirably by Winnicott.¹⁵¹ A traumatic fixation to this passage of 'blind thought' can also be the anchor point for anxieties¹⁵² and severe phobias. For it is only a few weeks after birth, when he is already integrated with his preconscious bodily schema, that the baby may experience signal anxiety when he is separated from his mother. But at the beginning of his life, when the mother is actually absent, the child feels annihilated.

The child will only be able to anticipate this terrifying experience by creating anxieties as a distress signal later on. In the reproduction of sensations linked to the birth (impression of suffocating, of not being able to swallow, accelerated heart

beat, dizziness, etc.), the child acquires an element of control over the object. Physical signs of anxiety are already inscribed in conscious time, contrary to the unconscious anxiety felt during the dissociation of the fusional object during the primordial Mirror phase or when he feels annihilated at the beginning of life. We can understand better now the cataclysmic aspect of the annihilation-anxieties and fears of fragmentation of schizophrenics or the need to somatize of very enclaved neurotic patients.

At birth, as we have seen, mother and child are in a primal hypnotic state. Winnicott's (1956, p.300ff) theory, however, needs nuancing: the intensity and pleasure of the infant's sense of a continuity of being, as well as its capacity to go through the experience of physical annihilation, depend on how the mother experienced her delivery, that is to say, her primitive castration. The child only succeeds in constituting himself in his own psychic space, in organizing progressively the sense of having a body through the experience of annihilation experienced each time the mother goes away if the latter has been able to elaborate the two phases of primitive castration.

The very intense attention of the mother and of the child is predominantly egocentric (as opposed to allocentric). A few days after the delivery, mothers who previously slept with clenched fists, acquire a particular sensibility to the point of being able to hear the slightest suspect sound of breathing coming from the baby. A few days are enough to observe, listen attentively and integrate well all the movements of the sleeping infant. To establish a sense of continuity between them, the mother, if she has gone through primitive castration, must have the experience several times of going to sleep while maintaining sustained attention to the child in order to guarantee permanence in the extra-bodily space. The child experiences this at the same time. We can see the trace of this phenomenon in treatments when enclaved patients notice the analyst's lack of attention. Feeling anxious and incapable of following their train of thought, they fall into a black hole.

Three clinical fragments will show that primitive castration is a dynamic process capable of being reorganized.

2. CLINICAL FRAGMENTS

Jean and Jeanette: 'To death, to life'

Jean and Jeanette loved each other and had enjoyed a happy existence for many years, but they wanted a child. However, Jeanette was sterile; she did not ovulate. They decided to resort to artificial insemination. After, many attempts, Jeanette was expecting a child. They were enthusiastic: Jean hoped to call the child Yongle, the name of a Chinese emperor, and by common agreement, both of them started learning Chinese so as to be able to speak to him in it.

A fortnight after the birth, Jeanette was hospitalised in emergency for a malign and extremely serious lymphoma. The young father looked after the baby well. On leaving hospital, Jeanette struggled terribly and then became depressed.

When I saw her for the first time at the medico-psychological centre, I felt I was looking at a survivor from the concentration camps. She was very thin, completely lost, in utter desolation and deep despair. Jean had become hard, mistreated the baby, and was very violent with her, to the point that she brought complaints to the Association for Child Protection. Although the biological results of serology were not very good, she continued the treatment. Stirred by the urgency of the situation, I boldly spoke to her about her fusional difficulties. I had already succeeded on other occasions in diminishing the violence of the destructive impulses which follows childbirth by formulating the content of the primal fantasies. So I explained to her the hypothesis of the fusional body and primal fantasies, and she immediately brought associations. The eldest of a large family, she had had to take care of her brothers and sisters since she was a small child. She was five when her little 18-month-old sister fell from the balcony on the second floor, fortunately

without any serious consequences. She was supposed to be watching over her young sister. Since then her parents had held her responsible for a criminal act and, to express their hate and their destructive impulses, said to her frequently, 'You're the one who should've died in her place!' Following this first session, she learnt from her father that her mother had almost died giving birth to her. Sustained by the intuition of the soundness of the process of the inverted tree and of the primal fantasies which gave meaning to what she had experienced, she once again felt strength and desire to struggle for life and to save her couple. She now had an idea: she decided to write in a notebook everything she saw and perceived when the child cried, when Jean flew off the handle, or when the child refused the food she gave him, a rejection that led to violent scenes.

In the second session, on reading the notes, we realised that in fact Jean held the child like a kitten; he didn't look at him but spoke to him with deference and above all in a tone of voice that was addressed more to an emperor than to a baby. She discovered, through this session and by questioning Jean, that during his early childhood he had experienced terrible scenes with his mother. He spoke of his mother pursuing him, with a kitchen knife in her hand, when he would eat the portion of the other children she was taking care of, for she was a childminder. His only companion was a little alley cat that he had taken in.

It was now easier to understand Jean's rage when Jeanette fed the child or when the child refused to eat. With much tact and sensitivity, Jeanette gave an interpretation of this to Jean, then she decided to go away for one month with the baby to rest and get herself back in shape. From the rest home, she wrote an extremely delicate letter to Jean explaining everything that she had understood about their mutual difficulties. At the top, in a message in red,, she asked him too read her letter several times, especially if he felt filled with anger. They decided only to communicate in writing and not to telephone. When she returned, she came to see me for the third time and told me that relations between Jean and the child and Jean and herself

had calmed down. She herself was feeling much better, which was confirmed by her biological tests. She now spoke about her relationship with her father. During her stay at the rest home, he had sent her a lot of desperate messages that were not very encouraging: 'You are ill, I can't see any meaning in anything anymore. I feel that giving up my own life is the only way for you to be able to live your own.' Jeanette was able to listen and move forwards with regard to the vital issue of primal fantasies. But how surprised she was to discover from random biological analyses that she had begun to ovulate! She announced to me at the same time that they had decided to settle in the South of France, and so she would not be able to have any more sessions.

From this clinical fragment we can see that it is possible to traverse primitive castration with the help of primal fantasies. In the two following examples, primitive castration occurs with constructions to do with fusional space.

Leïla or the child of the starless night

Madame F. came for a consultation because she had been severely depressed since her daughter's birth. Leïla was two months old and suffered from a very violent form of eczema on her face and all over her body. A difficult delivery had ended with an emergency Caesarean. She had been very shaken by her previous, first pregnancy because the child was stillborn. It was also a little girl. Following the gynaecologist's advice, she had decided to have another child quickly and to give it another first name. She had named the first Nour (which means 'light' in Arabic). In fact, she added, during her pregnancy she had always thought of Leïla ('night' in Arabic), a first name she kept for the second child. A single child herself, Madame F. was born after several miscarriages, when her mother was about 40. She herself had almost died at birth, suffocated by the umbilical cord. Her relationship with her mother was very close, and she would sometimes answer her on her mobile during the session.

She said she was opposed to the idea of doing a psychoanalysis which might spoil her relationship with her mother who was now sick and also depressive. It was the paediatrician who had encouraged her to come and see me. Her relationship with Leïla was very difficult: the little girl was extremely tormented. As soon as anyone approached her, she would scream. Her clothes and even her cotton nappies caused her inflammation and infections. She was not a pretty sight, her only expressions being ones of rage and suffering. Leïla cried a lot at night and it was her father who managed to calm her down more easily.

Madame F. felt rejected. I asked her to tell me everything she knew about her mother's pregnancy and delivery, and about her own birth. With tears in her eyes, she began to whisper, obliging me too listen closely in order to hear her. Her parents had loved each other a lot, but the absence of children had almost led to divorce due to family and religious pressures. In order to save their marriage, they had decided to leave Syria for France where, thanks to a hormonal treatment, her mother had been able to see her pregnancy through to its term, but remained confined to her bed. After many years, they had renewed contact with the family and counted on seeing them after the birth of the baby that they were going to call Fatma, like the maternal grandmother. But, during the fifth month of the pregnancy, this grandmother died from a heart attack. Madame F. began to weep: her mother had been plunged into a deep depression and had suffered greatly from her bereavement, her bedridden state and her solitude. Her husband, very occupied by his work, had been unable to console her. The birth had been difficult with a major episiotomy which had severe after-effects which she spoke about freely in front of her adolescent daughter to warn her about the dangers of sexuality.

I remarked that the death of this grandmother, whom she had never known, tormented her to the point of making her cry, whereas the death of Nour, her first little girl, seemed to leave her absent, almost anaesthetized. I now developed my hypothesis: during the pregnancy, the child belongs to the

mother's body; he feels he exists in her unconscious space; conversely, the mother feels she belongs to the child's body, which becomes the support of her sensations, her anxieties and her unconscious fantasies. Still imprisoned in this maternal space, cut off from her own pain, she thus continues to feel acutely the pain and grief felt by her mother when the latter's mother had died. My comments provoked a violent bout of weeping. Madame F. now spoke about the death-anxieties and nightmares she had had while she was expecting Nour. Often they were about the death and disappearance of her daughter in tragic conditions in which she was always helpless, the sole witness. Towards the fifth month of a pregnancy that was proceeding normally, her little cat died after falling from the eighth floor. She felt enormous sadness as her mother had offered it to her six years earlier when she was still living in the family home. I observed that the cat died in the fifth month of her pregnancy, and that this coincided precisely with the moment in her mother's pregnancy and her intra-uterine life when her mother had lost her own mother. The grief felt on the death of the cat was certainly related to pain associated with losing the tie of visceral attachment to her own mother. She was thus able to inscribe a very painful separation.¹⁵³ Madame F. looked at me very anxiously. She felt overwhelmed with grief.

The rest of the account was formulated in a monotonous tone of voice. In the eighth month, persistent pains, which she attributed to a bout of intestinal colic pains, had not worried her unduly. But she was rushed to hospital *in extremis*. She recalled her strange sense of pride on hearing the mid-wives say that her amniotic fluid was very coloured, which she felt to be an exploit. Then everything happened too quickly. Her daughter was taken to the intensive care unit, accompanied by her husband, and she found herself alone, lost with very ambiguous and intolerable feelings: she felt at once grief-stricken and relieved of an unbearable burden. I said to her that giving life to a child implied for all mothers a risk of death which in turn reactivates a very strong survival impulse, and,

during the pregnancy and delivery, a host of extremely violent unconscious fantasies. These fantasies transmitted from mother to child are so painful that they are kept secret and completely forgotten. She felt relieved by what I had said to her and we made another appointment in two week's time.

In the second session, Madame F. said she had been very moved by what had been said the last time; she was obsessed with the memory of the horror she felt on seeing Leila's cadaverous face at the burial. I heard her slip of the tongue in which she called Leila, Nour, her daughter who had died. During these two weeks she had been particularly overwhelmed by moral pain, and her daughter had been extremely agitated. I returned to her slip of the tongue and suggested to her that Leila had died during her first delivery and that the Leila who had just been born was just the shadow, the double of the child that she had borne before. The insoluble problem at the time was to establish a sense of continuity between the living child that she had borne and the dead child that she saw before her, a disturbing mask of a strange(r) child whom she did not recognize and who did not bear the first name which she had thought of during the entire pregnancy. In other words, it was as if, with this child, she had lost her whole life, her inner light (as the first name Nour indicates) and not a child, and had had a sort of tragic vision of her own death. She was touched by what I said and cried gently. She wanted to end the session.

When she came for her third session, she was livelier. For the first time, she had cried over Nour's grave. She had spoken to her in her mind and had felt the grief linked to her loss, whereas before she had felt she was present with her. I now suggested that she talk about Leila and asked her to retrace her memories of her second pregnancy while trying to note the differences between the two. Unlike the first time, she had only noticed she was pregnant after three months. She had been much less tired and had been able to work until term with her husband who had a small business. She could not remember particular dreams, except for nightmares as the birth approached, after

her gynaecologist had refused to give her a Caesarean delivery solely on psychological grounds. However, as is often the case following traumatic births, Madame F. had experienced even more intense castration-anxiety and the same psychic representations as the first time. An emergency Caesarean had been necessary to save Leïla. I pointed out that she had, as it were, forgotten herself in Leïla's psychic space, which is why she could not really see her in front of her in a separate and interactive space. Throughout the pregnancy, the little girl had been hidden inside her body, and it was impossible for her to imagine her in a different space. When she heard her crying, she relived unconsciously her own tears, her own pain, and was unable to understand the messages that the child was sending to her. There was not enough interaction between her and her child; she would speak to her but only looked at the child that she still felt was inside her body. So Leïla needed to scream and to scratch her skin even more in order to feel she existed.¹⁵⁴ Mrs F. looked at me in amazement. In effect her mother had always reproached her for having a difficult child who was always sick, who slept badly. Her mother's fragile health had prevented her from going back to work again. Mrs F. went away in a thoughtful mood. Two weeks later, at the time of her session, she telephoned to cancel the appointment. She told me that her daughter had got over her eczema and so she no longer saw any reason to come.

These clinical examples show how a first reorganisation of the primitive castration can take place quite quickly even though the problems have not been solved at a deeper level. In both cases, the patients' fusional tie with their mother was too strong. The interruption of the therapy or the rejection of analysis are expressions of the extremely fragile nature of their unconscious organisation and the intense sway of the fusional relationship. It is conceivable that, for these patients, entering the transference and going further in the process of separation from their mother and the child represented a real danger of death for themselves or for the mother.

Moïse or the end of 'slavery'

Madame B. came to see me about her eldest son Moïse. At the age of 3 years and 9 months he could not speak and presented withdrawn behaviour of an autistic kind. At his nursery school, he was unable to make contact and play with other children, he still wasn't toilet-trained, required a lot of attention from adults, and often had clastic attacks if he wasn't understood or satisfied. Madame B. who in the meantime had had a little girl, now aged 2, said she felt overwhelmed by her children and especially by Moïse. I told Madame B. that before addressing Moïse to a child psychoanalyst I would like to work with her for a while to make the separation possible. Clinical experience has taught me that if this prior work of the mother's primitive castration is not accomplished, the child analyst is, as it were, taken hostage by the mother/child couple who manage unconsciously to perpetuate, via the analyst, the primordial fusional tie in a less visible way. This is attested by young adults who have been in analysis or therapy for a long time during their childhood.

Here is a brief summary of Madame B.'s first sessions, thanks to which Moïse was able to save himself from maternal waters and learn to speak.

- SESSION I

Madame B. outlined her family history. Born of Jewish parents born in Egypt, she was the second of three sisters. Her two sisters were anorexic, and particularly the last one who worried her enormously. Moreover, she spent a large part of the session telling me about her. When she thinks about her childhood, she has the impression she was something of the ugly duckling: all of them were very bright and successful at school except her, a real dunce who had to repeat several years. I pointed out that it was certainly for her the only way of feeling she existed and of differentiating herself from the others. Her sisters' anorexia shows the extremely violent unconscious relationship between

the parents and children in this family. She said that her mother was quite authoritarian and ran the whole family. The father was timid and absorbed by his work. Madame B. admitted to having a fusional relationship with her mother, whom she needed to telephone every day by telephone. I said that we needed to work on this fusional relationship which presented very contrasting aspects of love and destruction and I spoke to her about the process of the inverted tree. As her mother had been unable to construct an unconscious space that was separate from her own mother, she imprisoned her daughters in her space in order to feel she existed. The anorexia of the sisters shows, in this fusional tie, the component of destruction correlating to the fantasy of the fusional body, *one life for two*.

- SESSION II

Madame B. began the session by expressing her weariness and anger towards Moïse; it seemed as if he was making fun of her, saving all his whims and tantrums for her: a real tyrant. When they were out for a walk, for example, it was impossible to get him to look at something that might interest him; or, if he was the one who saw something that fascinated him, they had to stay put for ages otherwise he would start screaming and stamping his feet violently, drawing the attention of passers-by, and she could not easily calm him down. She described a variety of situations that were always conflictual. I said to her that Moïse certainly reserved special treatment for her that was painful for her, but it soon became clear that this was the only way he had to feel he existed and to protect her. She looked at me doubtfully. I invited her to tell me about Moïse's history.

Madame B. had felt very isolated during her pregnancy. She was married to a man whose religious allegiance was not the same as hers and she had been more or less rejected by her family. She had also moved to a suburb that was a bit difficult to get to. She had no particular memories of her pregnancy which was straightforward, except for her isolation and the sadness of the long drawn out days. Moïse's birth subsequently

led to a family reconciliation. At birth, the infant had a spasm of sobbing. This very impressive symptom is not fatal: the infant cries until it suffocates, almost turning blue. We came back to the unconscious fusional organization. If she could not feel she existed independently of the infant's body, at the delivery she must have felt she was dying and disappearing with him. Moïse's sobbing spasm was perhaps a replay of the act of birth and an attempt to calm his unconscious fear of disappearing by inscribing through each spasm his actual existence in external reality. She noticed that the spasms were more frequent during the day when he was with her. The symptom disappeared after about eight months.

- SESSION III

She described Moïse as an adhesive child who was always stuck to her; even now he would still press himself against her tummy or her back while she was taking care of her little girl. I said to her that she and Moïse had come to feel they existed in a separate space around the eighth month of her pregnancy, but subsequently her state of pregnancy had broken this continuity which had been acquired with difficulty. Both of them had then foundered into powerful fears of non-existence, so strong that she had imposed a *corps à corps* relationship on him. She needed to feel her children very close to her to feel alive herself. She noted that it was Moïse who needed to feel close to her all the time: at home, he always had a bit of her scarf on his nose, and, at night, he would wake up and come and sleep with her and her husband. I pointed out that Moïse was trying to protect her from her own death-anxiety.

She telephoned me to change the next appointment because she was not well.

- SESSION IV

She was very surprised. Since the last session, Moïse had stayed in his own bed the whole night. I said that the beginning

of a separation was possible because she was able to own her death-anxiety more. She was pleased about this progress, but at the same time it troubled her and made her ill. I reminded her that she needed to take things at her own speed and reassured her by saying that Moïse would only be able to separate from her when she felt capable of tolerating it. I asked her if she herself had a security blanket like Moïse's scarf. Indeed she had her own little baby's scarf. Until the age of 16, she had kept it in her hand while doing her homework or watching TV. I said that she was probably a bit more separated from her mother than Moïse was from her, since she had been able to choose the scarf that belonged to her. She was thus capable of establishing a sense of continuity between her mother and herself, in spite of her great difficulty in feeling she existed by herself. This is also what Moïse could not do, very probably because of the very acute separation-anxiety that she still felt. After a moment of hesitation, she mentioned the security blanket that she felt obliged to fetch when Moïse forgot it before falling asleep. I now proposed that she speak to me about her childhood and her difficulties.

- SESSION V AND VI

She spoke to me about family relations and interfering grandmothers. Her school failures had been a major problem and she was sent to a very strict boarding school at the age of 16. Strangely enough, though, she said, she had worked quite well there in spite of the difficult atmosphere. The other children, for the most part abandoned, were very disturbed. As she talked, she became aware of the difficulties she had been through at this time, but had never formulated before.

- SESSION VII

She began the session still feeling angry with Moïse. In spite of her efforts, he still didn't speak, was very oppositional, and exhausted her. She even had the impression he was 'ruining' his

little sister. With his father and the other adults at school, he was rather docile. I suggested that Moïse was the living mirror of her lacks, her anxieties, her failure as a 'good mother' and her internal wound as a 'not good enough' child. By taking up Moïse's different forms of behaviour, I drew her attention to his capacities for adaptation; he always gave her what she needed. She began to make a connection between Moïse's fits and her own personal state. She spoke about a situation she could not understand: in the *metro*, even in the presence of his father and his sister, when he approached the exit, Moïse would have a terrible and long clastic attack. If, on the other hand, she was not there, this didn't happen. I referred again to the fusional hypothesis and emphasized the death and separation anxiety that the mother experiences on giving birth. She can only feel alive when in interaction with the child, having the feeling of sharing the same unconscious space during the pregnancy or the same *metro* line underground. This fusional experience implies for the mother a terror of giving birth and of dying as a result of separating from the child, of bringing him into life on earth, to the light of day and to consciousness.

She telephoned to move the next session and once again felt a bit poorly.

- SESSION VIII

Mrs B. announced straight away that, to everyone's surprise, she had been able, without incident, to take the *metro* with Moïse, her husband and daughter. I commented on how much this disturbed her because each time she fell ill. She nonetheless said that she wanted Moïse to make progress. The other day, for example, in the park, she had been very disturbed because, for the first time, she had noticed that her child refused all contact with the other children in the sand pit; she saw he was absent, with an empty expression on his face, and was able to sense his sadness. I pointed out that, for the first time, she had seen her child outside her own space and the relationship she had with

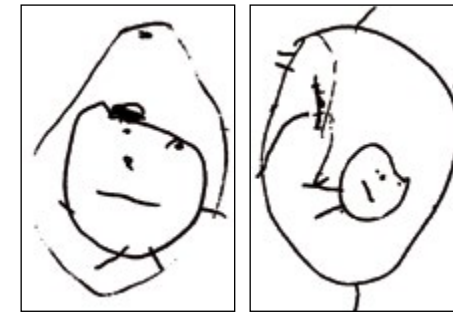
him. She was not ready yet to give up this exclusive bond and to allow him to enter into communication with others, but she was starting to notice his suffering.

He was nevertheless difficult to put up with, she replied. For example, she refused to let anyone wash his hair and would have clastic fits. Neither she nor her husband, in spite of much kindness and effort to talk to him, could make him see sense. I remarked that hair has always had a great symbolic value, as can be seen from the myth of Samson, and that it represents, as it were, strength and the ideas that emerge from the head. As hair visible, it can be cut or pulled out, especially when one is in a passive position and without visual control, with burning eyes or eyes that cannot see what is happening behind the neck. The small child cannot imagine that once it is cut, it will grow again. Moïse certainly felt in danger at that moment. It was important to reassure him without inundating him with too many words, which has the effect of increasing the hypnoid state, so that he can be more present and vigilant at a time that he feels to be dangerous. Clinical work shows, moreover, that many patients experience strong anxiety before going to the hairdresser's (remember Émile who was felt to be a castrating father and threatening for his children's own existence) Following my intervention, Mrs B. associated to the fact that since his birth Moïse had had the habit of grasping a lock of hair before falling asleep.

- SESSION IX

Mrs B. arrived at her session in a rather joyful mood. She told me that Moïse had let her wash his hair without making a fuss and showed me two drawings, emphasizing that they were his first drawings. Moïse was four and had never before tried to use the colour crayons that she proposed to him.

Here are Moïse's drawings.



Drawing 1. Drawing 2.

I asked Madame B. to comment on Moïse's drawings. He had probably redone the first, she said, because it went off the page a little bit. I pointed out his subtle knowledge of space, a sign of a very lively intelligence. 'The child,' she continued, 'as you say, is trying to leave the "fusional space"'. We can see, moreover, that he has made two very strong marks cutting the containing space in the second drawing. I noted that the child's face seemed to be smiling. These drawings expressed the first active separation from the fusional space. It was when his mother finally recognized herself as having her own presence and psychic continuity, in a space separate from his, that he could imagine the separation and the permanence of the object.¹⁵⁵ I suggested to Madame B. that she should tell Moïse that she had showed me these drawings and to ask him what their meaning was.

- SESSION X

Madame B. was clearly very excited when she arrived. On arriving home after the last session she had submitted the drawings to Moïse who burst out into joyous laughter. It was probably the first time that he had been put in the position of Subject. He responded to her by miming. With his finger, he pointed to the face while designating himself, pointed to the hair on his head, showed the two pronounced marks in the second drawing opening the space, pointed to his legs,

miming them with two fingers walking on the surface of a table before going off it. At breakfast, the next day, he uttered his first words: 'Mummy, I don't want any milk'. Since then he has been speaking better and better; he is trying to inscribe himself in a space of his own, asking constantly, 'Me, where is that?' At the moment that I am writing these notes, Moïse is four years and four months old and, in a children's shoe shop, Madame B. has just discovered that he knows how to read.

Chapter 4 NARCISSISM AND PRIMARY MIRRORING

Owing to his premature state, the newborn baby is in a transitional state of total dependence, of a hypnotic type, on the attention and perception of his parents and of his mother in particular. This state prolongs, after birth, the fusional tie of mastery that he had acquired unconsciously during the primordial imprinting phase. I will use the term *primordial imprinting* to refer to the phylo-ontogenetic¹⁵⁶ process which extends for about three months after birth, during which the child's body still 'belongs' to the mother. During this period, primal hypnosis persists – especially during the first phase – as well as the process of mimetic identification and primordial incorporation. The increasing intensity of egocentric attention and of the transference between the parents and the child continues; the parents continue unconsciously to be the source of the intentionality of the child's movements, and the child the source of the intentionality of the parents' movements. In other words, the child evokes the holding, the affects and states of the parents, but he is also carried and pushed by their movements and their unconscious experience with their own parents. I will thus refer to this whole process of the organisation of the child's functional ego as primary Mirroring.

I am going to show that the schema of the inverted tree persists during primary Mirroring and that the parents, and the mother in particular, must go through the *process of primary*

castration (primary because it unfolds after birth) in order to separate the child from their fusional schema.

These *primary castrations* (Dolto) are necessary if the child is to be able to constitute his functional ego in a space-time that is different from that of his parents. The mother can only elaborate these castrations and so accept separating herself for ever from the child if she manages progressively, during the three years of primary Mirroring, to reconstruct an autonomous functional schema for herself. We will see that, to this end, she once again progressively goes through the three phases of integrating the child's movements within her fusional schema, as during primary Mirroring, but this time in order to separate herself from it.

During primary Mirroring, the parents, through their gaze, perception and transference, designate the child through speech as a Subject at the source of the intentionality of actions *which they themselves feel in the interaction with him*.¹⁵⁷ Speech, inscribed in the desire and the time of the parents' functional image, accompanies and organises the speech of the child in time.¹⁵⁸ Language will permit him to construct for himself progressively a separate bodily space and brings about a real lessening of the intensity of his perceptions.¹⁵⁹

Now, neither Freud's different topographies, nor Lacan's mirror stage, nor Dolto's unconscious image take sufficient account of the time factor in the functional organisation of the ego. From this perspective, I am going to discuss briefly the notion of the process of primary Mirroring in order to integrate this temporal dimension. We will see how the child can integrate himself within conscious time by linking up his 'virtual' Subject and his primordial I (the I of the specular unity of the ego in two dimensions) with the I of bodily identity in four dimensions (three spatial and one temporal).¹⁶⁰

At birth, the child possesses vision. The role of vision is fundamental for the acquisition of the sense of belonging to one's own body.¹⁶¹ Vision is 'palpation by looking' (Merleau-Ponty, 1979) and it also leads to the active exploration of

space via movements of orientation. Looking develops in an egocentric mode first, then in an allocentric mode, and finally in a dynamic mode that is both egocentric and allocentric. These three successive modes of perception determine the three phases of primary imprinting during which the child gradually organises his functional ego (unconscious, preconscious and conscious) by integrating progressively the intentionality of his movement and his vision.

During the first phase, the child has no consistency of his own: he is a 'ghost' of the 'primordial Other', that is, *of the grandmother and of the mother as a baby* (in the sense of the Greek *eidolon* which means 'ghost' or 'image conceived in the mind', and of *eido*, 'the external aspect and visible manifestation of a someone who no longer exists').

During the second phase, he becomes the specular image of the parental other or of substitutes (image in the Greek sense of *eikon* which means 'image reflected in a mirror'). He can *only* feel he is a specular double of the parents if they themselves feel unconsciously that he is separate from them.

During the third and final phase, he constitutes himself as an imaginary reproduction of the parental other, an imaginary double (reproduction in the sense of the Latin *reproducere*, 'the action of making what is already there appear again').

During the whole stage of primary Mirroring, the parents remain the unconscious origin of the movements, the primitive instincts for mastery and the passionate oral-cannibalistic object of the child's primary narcissism, just as the child does for the parents. During the three phases of primary imprinting, the intensity of the mother's egocentric attention and her sense of belonging to the child's body diminish progressively for neurobiological reasons, resolving gradually the primal hypnotic state, thereby opening up the way for the child's inscription in an autonomous space. The primordial mimetic process of identification progressively becomes an imaginary process.

In order to really separate the child from their own unconscious space and desire, and the parents must go through the three successive primary castrations and the different phases of the primal fantasy of primordial murder. These castrations are symbol-generating in that they participate in the symbolic organisation of the child's functional ego in a different space and time.

The theoretical corpus concerning these primary castrations that are necessary for weaving links between the unconscious image of the body and the bodily scheme belongs to Françoise Dolto.¹⁶² These primary castrations reduce the intensity of the primitive and sexual impulses between the parents and the child (like during the primordial imprinting stage between mother and child) since it is thanks to these symbol-generating separations from the *corps à corps* relationship, as Dolto explains, that the erotogenic zones linked to touch can become locations of desire and pleasure for the child. I am just going to add to her theory the 'tactile' and sexual function of looking (which she disregards), which I think is essential for inscribing the child's sense of actually existing and his pleasure in being visible. Pathologies appear, explains Dolto, when there is a dissociation between the unconscious body image and the bodily scheme. What I want to make clear in this chapter is neuroses are formed when there is a split,¹⁶³ and not just a dissociation, between the unconscious bodily scheme and the conscious functional scheme.

We will see how, during primary imprinting, owing to the phylo-ontogenetic process of the inverted tree, the construction of the child's functional ego in conscious time occurs in the time of the parents' functional ego. Consequently, when there is a fixation to one of the three phases of primary Mirroring, a split in the child's functional ego occurs which can be the source of pathologies of primary narcissism¹⁶⁴ (neuroses and perversions) and functional disorders in self-perception. The three primary castrations, as well as anxiety and primal fantasies, organize the different phases of the process of primary

castration. Corresponding to each of these phases is a stage of the primal fantasy of the primordial murder: murder of the Father, murder of the child, murder of the Mother. The parents must unconsciously elaborate the castrations which correspond to each of the three phases in order to really separate the child from their unconscious space and from their incestuous desire. In fact, the end of primary imprinting reactivates the primitive castration and completes the process of primal repression. Following this frightening transition, the child must be able to feel he exists in a space separate from theirs in order to be able to maintain a sense of his own continuity and permanence within the interaction. This is a necessary condition for separating himself from the incestuous fusional relationship.

I. First Phase of Primary Mirroring: from Birth to 8 Months

I. INCORPORATION AND PRIMARY MIMETIC IDENTIFICATION WITH THE FATHER

The first transitional phase of primary imprinting, as we have seen, prolongs, at birth, the primal hypnotic state between the mother and the child. Mimetic identification continues as does imaginary identification. Indeed, in order to continue to feel she exists, the mother again makes a transference onto the child, who, after birth, becomes the origin of her functional scheme once again; and the child in turn makes a transference onto the mother. They have now made their first *transference* and the first inversion of their functional image of primary imprinting, as we saw before.¹⁶⁵ They make a primary projection and a primary introjection of all their movements (inversion of the specular image). Both of them still function as a fusional body: the mother 'belongs' to the child's body and the child 'belongs' to the mother's body.

The fusional relationship of mastery continues after birth, but with less intensity if the mother has traversed the primitive castration, that is, an experience of giving birth without denial. She only feels she exists in the interaction with the child, through the transference and a fusional relationship which she reconstitutes with him by making a mimetic identification and primary incorporation of all his movements.

The child in turn identifies with and 'incorporates' the mother, finding again the sense of belonging to the mother's body, a sense that he had acquired during foetal life. The mother's milk and body (the breast, the smell of her transpiration, the taste of her skin) *will be the unconscious image of the child's body*, and his own body, with its baby smell and the smell of all its productions (urine and excrement) *will be the unconscious image of the fusional body of the grandmother and the mother as baby*.

The consequence of the transference and of the primary incorporation of the unconscious image is the sense of annihilation which accompanies the separations between the mother and child during this first phase.¹⁶⁶ This anxiety connected with 'disappearing', which is different from physical death because less 'palpable', reactivates a very strong cannibalistic urge for destruction between the mother and the child. Remember the words of the infanticidal mother: 'But my eldest daughter has lost her baby smell and a child cannot live without her mother'.¹⁶⁷ Freud often heard his patients expressing the primitive fear of being killed or devoured by the mother,¹⁶⁸ which seemed to him to stem from maternal care and restrictive principles of education. In fact, this primitive anxiety is linked to the cannibalistic instinct for mastery: being devoured, incorporated and destroyed by the mother and, in turn, devouring, incorporating and destroying the mother. We can also find in this primitive cannibalistic instinct for mastery the oral envy described by Melanie Klein (1932, p. 131): 'oral envy is one of the motive forces which makes children of both sexes want to push their way into their mother's body.'

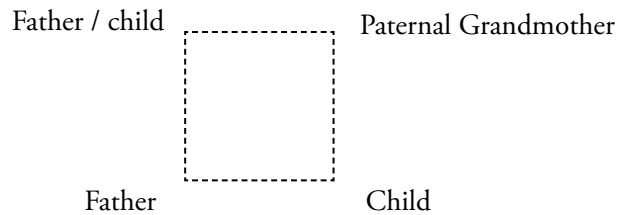
The father also makes a primary transference. He also carries out a primary introjection, projection and cannibalistic incorporation of the child's movements, and the child does the same vis-à-vis the father. One could say that this first paternal transference is the one that we find in the psychoanalytic treatment, because the father 'sees' the child more and can thus introduce him symbolically into life and into conscious time. The father's primary incorporation, reminiscent of the myth of Kronos, corresponds to the integration of the child in conscious time and in the symbolic order of the living. The father is often the first to see the child and to name him, a stage which may be called *the father's primary symbolic inscription*. Through his 'vision' and his speech, the father names and separates the child from the mother's fusional scheme; he inscribes him as a 'virtual' Subject in the time of consciousness.

But at the unconscious level, the father also feels he exists in a relation of primordial mimetic identification and in a relationship of cannibalistic mastery with his child. We often find, moreover, in phobic patients, the unconscious representation of the myth of Kronos, the fear of being devoured by the father.¹⁶⁹ This relation of reciprocal incorporation has its beginnings during pregnancy: the father reacts according to the unconscious modalities of his own primordial relationship of mastery with his own mother. Depending on its intensity, the father will or will not be able to fulfil his symbolic function for the child. This is an essential point because it throws light on the *unconscious complicity of the parents in the primal incestuous relationship*. Indeed, analysts often tend to make the mother alone responsible for the absence of the symbolic inscription of the father and of the Law in her relation to the child, whereas in fact, from the beginning, there is an unconscious complicity of the father in the installation and maintenance of the fusional relationship of mastery.

In fact, primordial transference and the scheme of the inverted tree can be found on the paternal side in the guise of an unconscious return of the father's intrauterine experience on

the one hand, and an identification with his pregnant wife on the other. In a certain way, in the primordial Other we also find the paternal grandmother. Naturally, the fusional attachment between the child and the mother is more inscribed in the body, but the father who has remained enclaved in the time of his own mother reproduces the same fusional attachment of narcissistic passion with his own wife. This primordial passion finds expression in such statements as: 'From the very first time we met, I had the impression of merging with her and of rediscovering an already familiar perfume'. The father will also live this passion with the child.

Figure 5: THE FATHER AND THE PRIMORDIAL OTHER



Some men are horrified by the child's presence when their wife's body undergoes changes; they can neither touch her nor have sexual relations with her during the pregnancy. But most, however, are moved with tenderness by the child's presence, a tenderness that in no way modifies their sexual attraction. Others feel much more attracted by their wife when she is pregnant, which can create anxieties in her: in sessions, they express their fear of having an abnormal child, made stupid, as it were by so much sensual pleasure. These fantasies and the intensity of these intense sexual drives seem to indicate that the bond of familiarity and of fusional mastery between the father and the child is, in fact, stronger in these cases.¹⁷⁰ More somatisations can be observed, moreover, in fusional fathers (intestinal or renal colic, lumbago) as childbirth approaches, somatisations which are reminiscent of the 'couvades' of primitive peoples.¹⁷¹

The primal fantasy of both parents, linked to identification and primary cannibalistic incorporation, is the support for the child's *oral fantasy of self-procreation*, i.e. of swallowing the father via the mouth.¹⁷²

To integrate the functional ego with the 'pleasure ego' and with conscious time, the child must pass from the primitive apparatus of mastery to the primary apparatus of mastery and, in particular, must link the scopic instinct (of looking) with the kinesthetic, cannibalistic and sexual instinct, with signifiers, with unconscious fantasies, and with time (hence the expressions ('eating someone with one's eyes' 'caressing someone with one's eyes', 'killing someone with one's eyes'). The scopic instinct is the first and only one which is correlated only with the child's own body. It is essential to him for acquiring the feeling and the pleasure of really existing, of *seeing* and *being seen*.

Perception, the muscular apparatus and the sense-organs are, Freud tells us, the agents of primary mastery.

1. The first agent is the muscular apparatus of the mouth. Next comes the tooth, as an agent of mastery over the mother's erogenous body. We will call it the 'primitive phallus', taking up Ferenczi's concept of *Urpenis* ('primal penis').

2. The hand, which closely associates touching and the musculature (primary phallus).

3. Vision, which Freud attaches to the scopic instinct, cruelty, and the instinct for knowledge.

At birth, the mother, in a hypnoid state, discovers the baby's face. She is captivated by his gaze, especially as she only feels she exists through him. His relation to primordial narcissism, to his mother's first gaze, is reactualised from the very first instant. She can thus recognize herself, like Narcissus and Pygmalion, in her child's face, a mirror of her own face when she was a baby. The etymology of the word 'face' is interesting: the word comes from the Latin *visum*, supine of *videre*, 'to see', and from the Latin *agere* or the Greek *agein*, 'pousser', and one can translate it by 'in seeing, he pushes'. The child-mirror is captivated by his mother's gaze from which he cannot turn away by rotating

his head or by closing his eyelids (owing to his premature state). After going through primitive castration, the mother feels unconsciously separate from the child and can look at him and give him an 'imprint' of her unconscious image (in the etymological sense of a 'shape marked by impression'). In other words, she can project onto him the unconscious images that she had introjected during the pregnancy, but she can also introject the imprint of the unconscious images of her Mother and of herself that the baby offers her. There is an *exchange*: she can both see *herself* in the child and feel what he feels, and see *him* as her primal double.

The child integrates the sensations and the satisfaction of his vital needs and of the sense of well-being linked with the state of his body – hunger, thirst, warmth – which he organizes according to the needs and sensations felt by the mother. If she is lacking in symbolic images, she has a lot of difficulty being in touch with her body and her needs and, consequently, those of her child, *who will remain profoundly disconnected from his real needs*. A bulimic female patient reported how her baby had almost died of hunger and dehydration several times because she used to wait for clear messages from him about his appetite and the amount of food he wanted. Having had a mother who had fed her non-stop, she wanted to avoid repeating the same thing and confusing the messages and the needs of the child, who, in the end, after crying a lot, would always fall asleep with his bottle.

She will be in a passionate relationship of narcissistic seduction with him. This seduction, which, etymologically, means 'leading towards oneself', shows that unconsciously she feels she exists separately from him. So, from the point of view of the child's primary narcissism, his primordial constitution and his real existence, there is an exchange and an affective and sexual investment in his mother's gaze. For him, this investment is the necessary basis of the *pleasure of existing* and of the *feeling of being visible*. The mother's scopic instinct (the sexual instinct linked to looking) is essential for eroticising the primordial

image of the child, at the same time as it supports, with 'internal' vision, a permanence and continuity of his unconscious image in the extra-bodily space and in conscious time.

Winnicott (1971: 111) went part of the way in advancing this hypothesis when he said: 'In individual emotional development *the precursor of the mirror is the mother's face*'. He adds, 'What does the baby see when he or she looks at the mother's face? I am suggesting that, ordinarily, what the baby sees is himself or herself. In other words, the mother is looking at the baby and what she looks like is related to what she sees there' (p. 112). The child's primordial identification with the primal fusional object continues throughout this phase.

During this stage, the child only feels he exists through the presence and the exchange of eye contact with the mother. At the end of this phase, he will have an unconscious image of his face integrated with the mother's gaze and face: *the image of the baby that he will recognize and perceive in the mirror is the primordial image of his mother*.

During this phase, the organization of the child's movements occurs in an egocentric manner.¹⁷³ The baby directs its gaze with reference to its body; it is around this axis that it turns its eyes and head. However, as we have seen the child at birth is unconsciously integrated in the real time of the action of the grandmother and of the parents. The mother and the father thus recognize themselves in the child and, through its movements, integrate the image of their own primordial space. In a mimetic identification, through the words, the gaze and the perception of the movements of 'others' and, in particular, the voice, the face and the neck of the parents, the child integrates unconsciously the emotions connected with his needs and his different states. After just a few weeks he begins to orientate himself and, carried by his parents, he constitutes his preconscious (centripetal) bodily schema with reference to his kinetic centre but linked to the real time of the action of the parents. Carried in the parents' arms, he can already localize objects in space without seeing them directly.¹⁷⁴

Freud's metaphor provides a good description of this primordial identification with the parents: 'The functional importance of the ego is manifested in the fact that normally control over the approaches to motility devolves upon it. Thus in its relation to the id it is like a man on horseback, who has to hold in check the superior strength of the horse; with this difference, that the rider tries to do so with his own strength while the ego uses borrowed forces. The analogy may be carried a little further. Often a rider, if he is not to be parted from his horse, is obliged to guide it where it wants to go; so in the same way the ego is in the habit of transforming the id's will into action as if it were its own' (1923, p.25).

At birth, according to my hypothesis, the child's id is the rider and the horse is the mother's fusional ego. Carried by the horse, the rider constructs his preconscious fusional schema by integrating all the horse's movements from his centre of gravity, that is, with inverted vectors. A sumptuous two-headed king (double of the fusional ego of the mother and father¹⁷⁵), the rider has a fine knowledge of the horse's passions and violence, while being incapable of predicting its movements, and even less of directing them. The child cannot invent movements that have not been transmitted to him and, like the rider, integrates progressively his entire conscious fusional schema in the sitting position.

Winnicott (1952, p.99) had the following intuition: 'In a quieter way today I would say that before object-relationships the state of affairs is this: that the unit is not the individual, the individual is an environment-individual set-up. The centre of gravity of being does not start off in the individual. It is in the total set-up.'

2. FIRST PRIMARY CASTRATION (UNCONSCIOUS)

Once the baby is 8 or 9 months old, the mother can give up the fusional attachment or tie with him (or her), a tie that is extremely dense from a narcissistic and instinctual point of

view because the intensity of her egocentric attention towards him diminishes strongly (at the biological level), as does the primal state of hypnosis. She no longer has the same intoxicating sensations through contact with her baby, the same necessity to have him in her arms; she feels, in short, that she can begin to invest her own body and life again as before. She can only go through this loss of intensity of the fusional image that she had formed with the child if she is able to imagine herself alive while being 'alone'. It is this felt detachment that constitutes the first unconscious castration of primary imprinting, the representation of the loss of the incorporated instinctual and sensorial object. This castration corresponds to Dolto's oral castration.¹⁷⁶

In order to get through this castration, she elaborates the first stage of the fantasy of primary narcissism, '*I am guilty of a murder*', by rediscovering the archaic fantasy of the primordial murder: *the murder of the Father*. This fantasy will mark, for her, the *first integration of the child in a space-time that is separate in the time of consciousness*. It is a murder of the Father because it represents the loss of the primordial fusional tie, a loss that had permitted, as early as the impregnation, the child's inscription in a symbolic otherness named the primordial metaphor of the Father.¹⁷⁷ One can now see how the first phase of primary Mirroring is based on the first phase of primordial mirroring.

This first detachment of the child's body, in conscious time, causes the mother such sensations of rupture and pain that they trigger anxiety and a state of mourning that are sometimes difficult to elaborate. Often my patients then go through a very depressive period. The child also senses this pain as a radical mutilation which marks the mnemonic trace of the actual and ineluctable loss of the fusional body and the inscription of his own lack. The experience he goes through causes him much anxiety; it is probable that 'eight-month anxiety' is linked to this transition and to this primary castration of the mother. The anaclitic depressions described by Spitz (1946) are also linked to this radical loss of the sense of having a body. The depression

is especially serious if a prolonged separation occurs before his integration into the sense of actually existing. A separation too early can cause, as Spitz indicates, a total arrest of development and especially a paralysis of facial expressions. The child regresses to its primordial fusional space and loses his memory of the body in the real time of action. Facial rigidity remains particularly enigmatic in that it can disappear instantly upon the mother's return (on the condition that certain time limits have not been exceeded during the first five months of his life, owing to his still very short memory of the body). We know today that psychomotor atony in a small child is the expression of very intense pain.¹⁷⁸

In this process, an analogy may be drawn with the early paranoid stage and the depressive stage described by Melanie Klein. In this 'blind' passage, the child really loses 'the third eye', that is, the possibility of imagining himself alive in his unconscious space. We have seen how, with the mother absent, the child experienced a feeling of annihilation which did not lead to death and which corresponded to the most archaic experience since his birth; now around the age of eight months, he can experience his survival in his mother's absence, without yet managing to feel he is present.

This primary castration introduces a split (*Spaltung*) between the mother's unconscious bodily schema and the unconscious bodily schema of the child, who, for the first time, will become for her a separate sensorial object. The mother will now be able to inscribe unconsciously the child's primordial I (*Je*) in the real time of action. From being his own mother's fusional ego, the child thus becomes his own fusional ego. The intensity of the incestuous primitive and sexual impulses towards the child also diminishes. During this stage, women often have very erotic and oedipal dreams to compensate for this unavoidable loss.

3. DYSFUNCTIONING LINKED TO THE DENIAL OF THE FIRST (UNCONSCIOUS) PRIMARY CASTRATION.

If the mother is unable to elaborate this castration, she will remain fixed in the primordial fusional schema that the child sustains.¹⁷⁹ For the mother, the child continues to occupy the place of the incorporated primal instinctual object, a source and aim of narcissistic passion, and the place of sensorial object/non-object inscribed in her body and her desire. The mother cannot experience the actual existence of the child in a separate extra-bodily space. She feels, for instance, the need to check if he is still alive while he is sleeping, and the child, in turn, in order to feel he exists, must make himself heard during the night. The expression of this symbolic failure of the child's existence is, however, difficult to detect as it is unconscious and repressed.

Somatic and psychic symptoms are not necessarily present from the beginning in the enclaved child, owing to his great capacities of creation and adaptation. The mother's incapacity to recognize the child's movements persist, obliging him to adapt perfectly to her own. It is often the mothers' recurrent nightmares (sometimes the fathers' too!), in which the child disappears, which betray this unconscious problem (think of the recurrent nightmares of Sarah's mother¹⁸⁰). The mother cannot carry out this first castration because cutting herself off from the child's space involves the risk of dying and of killing him. The origin of the child's bodily schema remains fixed unconsciously to the edge, to the navel, as Dolto (1984) says.

The mother will be totally captivated by the baby's gaze, in narcissistic fascination and not in seduction. In the word seduction, as we have seen, there is the symbolic inscription of a separation, whereas fascination has a different connotation. *Fascinare* means 'casting evil spells with one's eyes'; then 'charm with words', from the Greek *baskainein* meaning 'to bewitch', or *baskein*, 'to speak'. The fusional bond remains close to

hypnosis, the gaze is captivating. Fascination inscribes the child doubly in the hypnotic process: both sensorially, instinctually and sexually and through suggestion linked to speech. The mother's scopic impulse does not 'charge' the child's body and his primordial image sufficiently because she is too narcissistic.

The child is the incarnation itself of the Phallus which fascinates and paralyzes. 'The Greek word *phallos* corresponds to *fascinus* in Latin... The *fascinus* 'fixes the gaze so that it cannot detach itself... Fascination is the perception of the dead angle of language. And this is why this gaze is always lateral' (Pascal Quignard, 1996).

The fascinated mother does not really see the child but continues to see *herself* in him, with peripheral vision, as the poet says. Not being looked at sufficiently, the child cannot acquire either the pleasure linked to the feeling of being visible or the feeling of actually existing, and so will develop either somatic symptoms or serious neuroses.

When, on the other hand, the mother has remained too fixed to the primordial mirror, sensorial losses occur without any psychic elaboration, and in this case the child may develop a psychosis or 'secondary' autism (which occurs only after weaning).¹⁸¹ In these cases, once the child has been weaned and detached from the mother's fusional body, he no longer exists for her, either in her internal space or in extra-bodily space.

II. *Second Phase of Primary Mirroring: from 8 Months to 24 Months*

I. IDENTIFICATION AND PRIMARY MIMETIC INCORPORATION WITH THE CHILD

With this first castration the mother has once again traversed the fantasy of *one life for two* and now has the fantasy of *one body for two*; at this stage she has still not detached her functional image from the child's. She thus makes a transference – as does

the father, if he is present, – on to the child's primordial I which becomes the origin of the fusional schema in conscious time. At this moment in his development, the child already experiences himself as an I (primordial), at the origin of his action and of his preconscious schema, even though he still does not have a functional image. For this reason, he also makes a transference of his primordial I on to that of the parents with whom he is going to construct his fusional ego. *This is the second transference that he has made since birth, in the primary ontogenetic constitution of the schema of the inverted tree.*

During the phase of learning to walk, the child constructs his preconscious functional ego in the real time of the parents' action by identifying with their preconscious intentionality. As he is unable to use his gaze in an egocentric and fixed system of reference, he develops an allocentric strategy: he takes his bearings in relation to an environmental object. It is important to note that if the anchor point is hidden, the child returns to an egocentric strategy. However, he is obliged to elaborate a new organization to maintain the preconscious representation of his bodily space, since he loses progressively the intention of his mother's gaze. After learning to walk, he progressively integrates sphincter continence. The transference of his functional image on to the parents induces in him a specular integration of movements because, for the time being, owing to his premature state, he still cannot anticipate them. Thanks to the transference and to the introjection of the child's unconscious movements and to the projection of what they feel, the parents will construct the functional image of the child through their actions, their gaze, and their speech. The child only *sees* and *feels* what his parents *see, feel, and express through words.*

2. SECOND PRIMARY CASTRATION (PRECONSCIOUS)

At the end of the second phase of primary imprinting, around 2½ years, the child acquires psychomotor autonomy (at the neurobiological level). Consequently, the intensity of the intention and of the transference is greatly reduced between the mother and the child, like at the end of the second phase of primordial imprinting. We can see here, once again, that the organization of the three phases of primary mirroring is based, unconsciously, on that of the three phases of primordial mirroring.

If the mother is sufficiently reconstituted narcissistically, she will be able to face this sensory loss and elaborate the second primary castration (preconscious) through the primal fantasy '*I have killed my child*'. Through this fantasy, she can form a conception of the loss of the incorporated sensory and instinctual object, the aim of her narcissistic passion (the fusional child): the primordial faecal object, the source and aim of her sadistic-anal, sexual and primitive impulses. This primary castration corresponds, moreover, to anal castration for Dolto.¹⁸²

She thus detaches herself from the functional schema that the child forms with her and moves on with him to an imaginary identification: he becomes her imaginary double with whom she can exchange movements in conscious time.

She is able to traverse this castration because she now feels she exists 'alone' in an extra-bodily space and a *time* that is different from the child's. The case of Rebecca will highlight this point for us. Her small two-year-old daughter had nightmares and often cried at night. The child psychiatrist she consulted had not been able to do anything. She had to sing nursery rhymes to the unconsolable child for hours on end. She eventually stopped crying when I asked Rebecca to sing these nursery rhymes. One of them caused her such strong emotion that she could not finish the refrain. This nursery rhyme went as follows:

*Mummy, the little boats
that go on water,
do they have legs?*

*Going straight ahead,
they go round the world.
But as the earth is round,
they come back home,*

And the refrain, which is difficult to say, was:

*But yes, my silly goose
If they didn't have any,
They wouldn't be able to walk.*

With this example, we can see that this second primary castration (preconscious) is only possible if the mother has the capacity to imagine the child detached from her preconscious intentionality of movements. If she does not feel she exists sufficiently, separating herself from the child's fusional schema is very anxiety-proving for her. The joy she feels on account of his motor autonomy is not enough to help her surmount the anxiety linked to the primal fantasy '*I have killed my child*' (second phase of the primordial murder). As she is still too identified with him, she does not think he will be able to survive without her; in other words, that he has legs to walk by himself.

This castration of the mother also induces in the child the anxiety of losing for ever his functional image. If we return to Freud's metaphor, the rider, once he has lost his mount, no longer has the functional image that was linked to the horse's movements. The mother's and the child's anxiety about disappearing linked to this transition (around age 2-2½) provokes in the child his first nocturnal phobias (need to have a light on constantly to see himself in the night; fear of going to sleep and of losing sight of himself forever, etc.) and his first nightmares (monsters, witches who are coming to kill him, etc.).

But during this period, contrary to the experience of annihilation felt at the beginning of his life, the child keeps in his memory his fusional experience and can maintain the continuity of his sense of really existing while remaining detached from his mother. But, at any moment, in a traumatic situation for example, he may regress to the preconscious fusional schema. This phenomenon of *splitting oneself and of regression*, which occurs in the case of trauma, is always a possibility for the child and the adult.

Nevertheless, the child experiences pain and a feeling of annihilation after this castration, but he still feels *present* and can imagine this loss of the preconscious fusional image through the second phase of the fantasy of primary narcissism *being a witness and accomplice to the murder that has been carried out*. This fantasy of the child is based on his unconscious guilt for having survived the murder of the Father during the second phase of the primordial murder, as we have already seen.¹⁸³ This fantasy is intensely reactualized by the 'conscious' experience of the child's fusional attachment with his parents during this period of his life; for example, the very agreeable and eroticized impression of not having a body of his own, as he is often carried in their arms; of being as light as a feather, of doing pirouettes in the air, etc. The memory of this satisfaction will, moreover, constitute the most archaic core of the *nostalgia* for early childhood (especially as the very violent fusional experience of foetal life has been repressed to a large extent). For this reason, many patients have experienced this castration as a trauma: the feeling of having body of their own which had 'some weight' corresponded, for them, to the end of the acrobatic games and *corps à corps* situations with their parents. Consequently, they experienced this transitional phase more as a punishment and not at all as a gain in freedom and autonomy.

The child who goes through this second primary castration makes a symbolic introjection which allows him to feel he is in a body with 'all his weight' and to inscribe himself as the I (*Je*) of his bodily identity. The *primary symbolic introjection* is

thus the process whereby the child can conceive of himself as *alive and present in the mother's absence*. Subsequently, he will be able to elaborate a symbolic division of the fusional space (discontinuity, splitting between the primordial I and the I of bodily identity). The rupture is painful, but a source of great satisfaction since he realizes that he alone maintains the permanence of functional unity and that he can even provoke and master the disappearance of the fusional object by playing endlessly at hiding and being found by his parents, for example.

We should not forget that, at this stage of his development, the child can imagine himself in an extra-bodily space separate from his mother, but not yet in a real time of different action, because he still cannot anticipate his functional image. The second primary castration (preconscious) creates a 'void' which will henceforth inscribe the I of his bodily identity in a space and time that is different from the mother's.

3. DISFUNCTIONING LINKED TO THE DENIAL OF THE SECOND PRIMARY CASTRATION (PRECONSCIOUS)

If the mother cannot negotiate this castration, the child will remain fixed to the primordial incorporation and will feel he is a visceral and faecal object, both internal and static, in a body that is moving around him (the mother's functional space). Hence the symptom of constipation, found in girls in particular, and the phobia of getting lost down the toilet hole. Let me add that this phobia, which is more widespread than one would think, is often repressed. In most of my patients' families, it was formally forbidden to close the door of the toilet with a key!

The child feels he is in a 'virtual' body because he remains incapable of conceiving of himself in a time that is different from that of his parents. He feels he exists, but he has partly lost the sense that the bottom half of his body belongs to him. He can create a multitude of symbolic images in two dimensions,

but will not have a functional image in four dimensions. So he remains fixed in a specular relationship with the other.

It can be observed that, when there is a fixation at the second phase of the primary Mirroring process, the parents continue to sense the child's movements unconsciously. In analysis, it is frequently the case that they have nightmares when my patients fall sick or go through turbulent experiences in their life, or just at the moment when they elaborate this primary castration in analysis. The fusional tie of mastery and the fantasy of *one body for two* are always operative for the enclaved parents and child.

The mother, fixed in a very intense fusional tie of mastery with the child, remains, as it were, his hands, his legs, and his eyes. Freud (1926, p.89) pointed out that inhibitions in writing, playing the piano and even in walking were caused by an excessive erotization of the organs involved (fingers and legs). We have seen that, originally, unconsciously, the hands and feet and their sexual significance 'belong' to the mother.

All castrations that are not sufficiently symbolized by the mother will thus mutilate the child's body image and build an autistic 'enclave' in which the child will have the impression of existing in an unrepresentable body. Dolto (1984) also speaks of hysterical mutilations caused when the child is treated as a very eroticized fetish object, and she adds: 'If both parents behave in this way, the time of the child, as a living being, is practically excluded from their space'. She had already had the intuition of the destiny of the child who remains enclaved in the time of the parental other.

The dreams of some patients express these mutilations: 'There was a baby without any arms or legs in a pram that was sliding down a terrifying slope without any possibility of stopping'. We can see, moreover, how my married name lends itself to this type of fantasy in treatments.

Imaginary mutilations appear as frequently in patients' statements: 'it's not me who writes, but my hands'; or 'it's not my hand that stuffs me with sugar, it's my mother's'; or again,

'since my parents died, I feel shaky... my mother's death has cut off my legs'.

Fixed to a specular relation with the parents, the child can only construct a 'virtual' body as the following statements suggest: 'I feel like a hologram'; or again, 'I feel like a fan. When it is closed, I am just a dot. When it is open, I feel as if I am in the hollow of the folds.'

III. *Third Phase of Primary Mirroring: from 24 Months to 36 Months*

I. INCORPORATION AND PRIMARY MIMETIC IDENTIFICATION WITH THE MOTHER

After the second primary castration, the child can integrate unconsciously 'the void' which detaches him from the fusional space-time of his parents, but, for the moment, he can still not anticipate the interaction. So he makes a transference on to the fusional schema of the parents and establishes a functional rapport with them. The preconscious primary castration has introduced, for the mother and the child, a symbolic division (in the etymological sense of *symbolon*, two equal parts of an assembled object) of the fusional space. Both of them can go beyond the fantasy of *one body for two* and see themselves as a living half in *relation* to the other living half of the fusional schema. The mother passes from a specular rapport to a specular relation with the child, with whom she is identified. Before, in the specular rapport, the mother had made a transference of the child's primordial I into her *own* extra-bodily space. Now, in the specular relation, the mother carries out an imaginary inversion of her symbolic and functional image in the child's conscious time. I want to insist on the difference between the word 'rapport' and the word 'relation': the word 'rapport' designates the action of taking an object back to its place of origin, whereas the word 'relation' signifies a link between two

separate things. By passing from the specular rapport to the specular relation, the child can constitute himself as a double of the parents in the interaction. Instead of becoming a Me-You, as Dolto said, he becomes a You-with-Me. *He thus operates the third transference and the third inversion of the bodily image of the primary ontogenesis of the inverted tree.*

The hypothesis of the discontinuity of the symbolic and functional image of the child during this third phase of primary imprinting is confirmed by the study made by U. Bellugi (in Laplane (1997, p.73)). She points out that children who are born deaf designate themselves spontaneously with a finger in all cultures, but when they have learnt the language of signs, this gesture designates the pronoun. She makes the completely unexpected observation that such children, at about the age of two, make the same mistakes as children who can hear, confusing for a while the pronouns I and me with the pronoun you. The gesture of pointing the finger, which should help them, once it is inscribed within a linguistic system, no longer functions at all 'in the transparent nature' of the gesture. Deaf children make the sign 'you', pointing their finger at the other person, to say 'me'. U. Bellugi concludes that there is a 'discontinuity in the transition from pre-linguistic gestures to a formal linguistic system'.

The distorted perception of the adult's movement by the child no doubt accentuates this discontinuity. When he is still very small, the child stands upright and understands (in the Latin sense of *cum prehendere*, 'take with, grasp together') the parents' movements the wrong way round, from the bottom to the top. The English word 'understanding' is more explicit, meaning literally 'being upright underneath'. This inverted perception of the direction of the vectors of the movements accentuates the split between the movements of the chest and those of the lower body (the unconscious and preconscious bodily schema and the functional schema).

At the beginning of this phase, the child has already acquired a representation of his body schema in two dimensions

(centripetal). To integrate his functional schema in four dimensions (in volume and integrated in time), he identifies with the actions of his parents and continues to see and feel only what the parents feel, look at, and designate through words. He can integrate his symbolic image, but it is *split off from the time of his visual images* and still feels he exists in a bidimensional and static body, split off from his verticality and his functional image (as in the first phase of the work with Kitsou Dubois). Françoise Dolto's (1984) clinical work confirms this idea: 'The human being at the kinetic age is not verticalized in his graphic images before the discovery of his sexual organs'.

The transference of the symbolic (specular) and functional image helps us to understand better the phenomena described by enclaved patients who are incapable of feeling they exist alone without a fusional tie with the other, when they see (men as well) their mother's face in the mirror.

The child who stays fixed to this specular *relation* with the other continues to see himself according to a bodily schema in two dimensions, split off from the functional schema in four dimensions. This discontinuity of the representation of the lower half of the body is frequent in neurotic patients, especially women, and, in particular, bulimic women. It provokes a particular bodily experience as this young woman evoked: 'I go without food to free myself from the bottom half of my body which squeezes me like an armchair that is too narrow.'

The child is split from his I of bodily identity, being identified with the fusional schema of his parents, which makes the inscription of his sexual identity difficult. As there is no psychic representation without perception, every child, if he is to integrate the image of a sexual organ, must first integrate the image of the male sexual organ in order to perceive its absence in the mother. Young children can often be heard referring to the female sexual organ as 'the bullock, or willy'. It is only after the end of this phase, at the end of primary imprinting (around 30-36 months), that the child will finally be able to perceive the absence of a penis in the mother and symbolize

the presence of her internal and invisible genital apparatus. He will then be able to distinguish the anatomical difference of the sexes and inscribe himself symbolically in his sexual identity, but he will only become aware of the functional image (in four dimensions) of his sexual organ (penis, vagina) later, at puberty with masturbation and sexual relations. As for the uterus, the woman will only have a functional image of her vacuity after pregnancy.

The difficulty for many adolescents of imagining the 'hollow' of the vagina makes the use of tampons during the first periods very difficult: C. Millet (2001) writes: 'This blood, I didn't really know where it was coming from and I wasn't able to distinguish between the path along which urine flowed and that from which periods came.' Masturbation or penetration in sexual relations also remains difficult to imagine for many except in the mode of rupture (loss of virginity) or of specular breach (like a window that one breaks). Some adolescents, having the same difficulty as girls, have difficulty in imagining masturbation without having seen someone do it, and sometimes use a mirror to maintain their specular image. They feel, as it were, incapable of imagining a link of continuity between the unconscious image, the specular image, and the functional image of the erect penis. They feel their penis to be an organ 'stuck on', a detached part 'which doesn't really belong to them and has been added secondarily'. In other words, as they are unable to establish a sense of continuity between their 'internal' penis and their 'external' penis, they do not experience sufficiently the 'sense of belonging' of their visible penis (remember the problem of vision*, the hand that I can see does not necessarily belong to me!). We have seen, in fact, that the child, whether a boy or a girl, experiences unconsciously a sense of belonging to a hermaphroditic feminine body (vagina, and penis that has taken refuge in the vagina). This hypothesis is confirmed by the clinical experience of Oppenheim-Gluckman with men who come out of a coma (which entails regressing to the unconscious image and to primordial identification): they

all give the impression of having forgotten their sexual identity for a time.¹⁸⁴

However, the permanence of this hermaphroditic identification is more often observed in women: in their dreams, patients are often depicted as little boys or sometimes as women with a penis. This representation does not occur in male patients, even homosexuals, except in transsexuals.¹⁸⁵ The experience of Arlette Shleifer, who runs an art-motivation workshop, is interesting in this respect. Many women students whom she asks to draw themselves, do not represent the bottom half of their body. A. Shleifer then asks them to draw themselves, beginning with their feet resting on the ground. In this exercise, once they have reached the pubis, some make a mark representing the male sexual organ without realizing it. The bust poses less problems, although often they do not really draw their breasts.

During primary imprinting, the child cannot integrate his sexual identity because separating from the fusional image of his parents implies, unconsciously, tearing in two, sagittally, his specular image. This experience and this fantasy throw a different light on the denial of sexual difference! Bisexual men, who are fixed at this phase, often express in nightmares (being torn to bits between two trains setting off in opposite directions) anxiety concerning the impossible choice of a sexual identity linked to this unconscious fantasy, which also gives them the impression of being inside a horrible body that has to be dissimulated at all costs (too thin, too fat, too white, too hairy, etc.). Male castration anxiety linked to the penetration of a woman (which generates impotence or premature ejaculation), which is particularly present in homosexuals (who often keep this phobia of penetration with their male partners), no doubt resides in the feeling that, when the penis is not visible, *it no longer exists*, and they no longer have a sufficient sense of belonging. Hence the castration anxiety and the fantasy of once again being engulfed and incorporated by a woman who

is vengeful and envious of the penis ('*Penis-Neid*' for Freud) that she lost at birth.

2. THIRD PRIMARY CASTRATION (CONSCIOUS)

Towards the age of 3, the child reaches psychomotor maturity. Primary imprinting is completed, the intensity of the attention and of the transference decreases between the child and mother, and the latter rediscovers her autonomous functional schema. Sometimes she feels this change suddenly; she notices all of a sudden that she no longer has the same sensibility as before towards the child's body. For example, if he has a small accident of cleanliness, she feels bothered; she no longer has the same sense of familiarity as a few weeks before; her child's excrement is someone else's! The mother notices that the sense of belonging and familiarity that she felt before with the child's body has disappeared. Suddenly, she sees him 'very big', with a distortion of perception comparable to that which mothers experience on the birth of a younger child not long after the elder one.

The mother who *once again* becomes aware of this loss of the fusional image, which she had already felt at the end of the second phase sustained by the primal fantasy *I have killed my child*, can inscribe *a void and some distance with the child* which enable him to feel he really exists *in a different real time of action*. She can elaborate this loss through the last castration (conscious) of primary mirroring and the last phase of the fantasy of the primordial murder, namely, *to give life = to die*. But this representation of the definitive loss of the fusional image reactivates in her the primal fantasies of early castration: the death of the primordial Mother and of the fusional child.

The third primary castration thus allows the process of primal repression to be completed. Accepting the definitive loss of the fusional experience with the child enables her to 'forget' the intensity of the incestuous primitive and sexual impulses towards him and to conceive of him as an instinctual object detached from herself. To this end, she must traverse urethral

and genital castrations (Dolto) in order to detach the child's body from the very erotized and incestuous fusional images of primordial incorporation. Urine and the urethral impulse, linked to the primitive mastery apparatus, take the mother and child back to a very intense archaic sensual pleasure, close to primal fusion (mixture of strong smells linked to a sensation of humidity and warmth). This is a necessary process so that the mother can break with any form of *nostalgia* (which means sickness of the return' or 'homesickness', from the Greek *nostos* 'return' and *algos* 'suffering', 'sickness') for the fusional space and accept finally the child's instinctual autonomy in the exchange with the outside world. Enuresis in young children is a frequent symptom expressing this difficulty with the mother. A short clinical fragment will illustrate this point.

Dehlia was a young woman of about 30, who was divorced and the mother of an 8-year-old child with whom she had a very fusional relationship. Pierre had problems at school, suffered from enuresis and bulimia, and was very phobic (at home, for example, he cannot go to the toilet alone). I addressed Pierre to a psychoanalyst during the gradual work of separation from his mother. During the first year of his therapy, he demanded the presence of his mother during the sessions, during which he would hide under the analyst's couch barely saying a word, playing dead. Pierre played out the same scene of presence/absence throughout the whole year; he was present like a living dead person, without a visible and real body, like a foetus that has not yet been born. When he asked to be alone, without his mother present, Dehlia became depressed and started having sciatic pains. We often witness somatizations in the mother when the enclaved child goes through primary castration. As we have already seen during the stage of primordial Mirroring, if the loss of the sense of belonging to the fusional body has not been elaborated at the symbolic level by the mother through the fantasy of the primordial murder, her instincts of survival and destruction are directed towards the internal space rather than

towards the extra-bodily space. Owing to his mother's strong feelings of death anxiety, in the following session, Pierre decided to stop his therapy. Later, in pre-adolescence, and with the gradual progress achieved by his mother, his enuresis stopped, he began to reveal his intelligence and sensibility and managed to express his hidden desire to become a psychoanalyst. In this connection, he proposed a very interesting working hypothesis: 'Mummy, what if Oedipus was simply the story of a mother who devours her child?'

To complete the process of primary castration, the mother must be able to accept not being in a passionate, exclusive, intensely physical rapport with the child, but having instead a relationship of love and symbolic exchange with him. The mother's last primary castration permits the child to *stop the transference*, to inverse the specular image and to 'see' at last his own image in the mirror as well as his sexual belonging. From now on he will be able to feel that he is at the origin of his impulses and of the intentionality of his gaze and his acts in conscious time.

**TABLE 6: PRIMORY MIRRORING
FROM THE MOTHER'S POINT OF VIEW**

STAGES	MOTHER'S PRIMAL FANTASIES	INSCRIPTIONS
Childbirth	death of the primordial Mother murder of the fusional child	primitive castration
Stage I Birth to 8 months	<i>one life for two I have committed a murder</i>	murder of the Father

Stage II 8 th to 24 th months	<i>one body for two I have killed my child</i>	murder of the child
Stage III 24 th to 36 th months	<i>one body for two to give life or to be born = to die</i>	death of the Mother and of the fusional child

**TABLE 7: PRIMAR MIRRORING
FROM THE CHILD'S POINT OF VIEW**

STAGES	THE CHILD'S PRIMAL FANTASIES	INSCRIPTIONS
Birth	<i>to be born = to die</i>	primitive castration
Stage I Birth to 8 months	<i>one life for two I am guilty of a murder</i>	murder of the Father
Stage II 8 th to 24 th months	<i>one body for two I am an accomplice of and witness to a murder</i>	murder of the child
Stage III 24 th to 36 th months	<i>one body for two I am guilty of a murder of which there is no trace</i>	murder of the Mother

The child traverses primary castration by experiencing his motor autonomy and his symbolic permanence in the interaction with the other. In order to be able to acquire later on *speech which has weight*, he must also go through the feeling of losing forever the fusional body by rediscovering the third phase of the fantasy of primary narcissism *I can remember a forgotten murder of which there is no trace*. This fantasy is based

on the mother's primitive and primary castration (death of the mother and of the fusional child). He will then be able to traverse the void of time which separates him henceforth from the movements of the parental other. This 'void of time' and this imaginary inversion of his functional image (like at the end of the second phase of the work with Kitsou Dubois) seal his exit from the schema of the inverted tree.

He thus breaks with a passionate rapport with the parents and establishes with them a relationship of love; he exists from now on *at the same time as them* in conscious time, in a living body which belongs to him and is separate from theirs, having integrated his gaze, his speech and his acts with the time of his preconscious intentionality.

3. DYSFUNCTIONING LINKED TO THE DENIAL OF THE LAST PRIMARY (CONSCIOUS) CASTRATION

Parents who cannot elaborate the entire process of primary castration will enclave the child in their time, their desire, and their primal fantasies. Remaining fixed to a primordial identification with him, they perceive him only at the preconscious level. The child, in turn, will not apprehend them as 'others' and will remain dependent on their gaze. Owing to this fixation, *he cannot stop the transference*, and, consequently, the intentionality of his action and his unconscious desire will always be hampered by his preconscious¹⁸⁶ intentionality and desire. He will feel he has a body in two dimensions, difficulties in recognizing himself in the mirror, and in feeling he really exists when 'alone'.

He will experience every visible bodily manifestation, marked by a change of state or by the fact that it concerns a sexual body which has needs or desires, as intolerable and dangerous. He will suffer from all sorts of phobias. To cite just a few, the phobia of heat which diminishes the sense of actually existing, makes one go red and transpire and thus makes one visible and identifiable by odour; the phobia of hairs which reveal sexual

identity; the phobia of eating in public (think of Charlie); the phobia of public toilets (under the pretext of a fear of microbes or dirtiness, whereas the underlying fantasy is of exhibiting sexual organs and bodily functions). All these phobias express castration anxiety linked to the incestuous guilt of having participated in the murder of the Father and of having escaped the primordial murder (unconscious fantasy formed during the second phase of primordial mirroring). To show one has a real and sexual body means taking the risk of being killed or castrated. Even today, it is formally forbidden for gypsy women to go to the toilet when there is a man, or even a boy, nearby.

In their dreams, patients often depict analytic sessions as sessions of micturition in a bathroom with transparent and thin walls, where they can be seen and heard. Certainly, the anxiety they show at the end of a session by turning round to see if they have not 'forgotten' *themselves* or left traces on the couch is related to this unconscious fantasy which reveals the permanence of primal fantasies. The fear of having urinated on the couch is connected with the relief of anxiety felt after the session, which reactivates the shame and pleasure of having shared oneself intimately with another person in a hypnoid state. The satisfaction experienced also arouses the anxiety of having yielded in a secondary state to the archaic urethral impulse of soiling the couch in order to appropriate the space-time of the analyst as primordial Other, thereby rendering him or her familiar and fusional, and to have left a trace of the sexual pleasure experienced at having been really seen and heard by the analyst as 'other'. Enclaved patients hide themselves so as to avoid showing their body which they feel is monstrous, like Émile with his two pairs of Jeans or Sylviane with her black and fluids; but basically they have very strong exhibitionist tendencies because of their 'invisibility'. *A denial (Verleugnung) of castration and of the splitting of the functional ego is thus, in my view, at work in all the neuroses*, even if it remains unconscious and unformulated.

IV. *Primordial Transference and Relations of mastery*

The schema of the inverted (or upside down) tree is a phylo-ontogenetic process which takes place during every pregnancy: every child is constituted through the sense of belonging to the body of his grandmother and of his mother.¹⁸⁷ Mimetic identification, imaginary identification and the fusional tie of mastery allow the mother to create the child's primordial narcissism and the organisation of his unconscious image. The fantasy of the inverted tree, anxiety, and the schema of primal fantasies constitute the process of primitive castration, that is, the primordial symbolic organisation of the time of the image of the child's body during pregnancy. Thanks to these unconscious representations, the mother is able to maintain throughout the pregnancy sufficient attention towards the foetus. Indeed, sensing the different stages of his development is the necessary condition for the mother to be able to elaborate unconsciously the primordial castrations and so inscribe the child as 'other' before giving birth. These castrations are essential for constituting the child's sense of actually existing and reactivating primal repression at birth (for the mother and the child). This process, which takes place during primordial imprinting, is followed, after the delivery, by the process of primary castration which continues for three months during primary imprinting.

At birth, after the primitive castration of his mother and the primary incorporation of the father, who, through vision, speech, and nomination cuts him from the mother's fusional schema, the child can inscribe himself in conscious time as *a visible and really existent being*. Subsequently, during the three years of primary Mirroring, he will be able to construct progressively, with the speech, vision and 'touch' of his parents, his functional image in two dimensions in his own space, and, after the primary castration, in four dimensions and in a time that is different from that of the parents. In other words, he will be able to go through the process of primary castration

thanks to his experience, to his capacity to think about himself in interaction with his parents. He will then be able to feel he exists as a sexual, visible and desiring Subject. According to my hypothesis, a large number of mental pathologies reside in a denial of primal repression and the process of the primitive and primary castration of the parents due to a wound in their primordial narcissism and a failure of symbolic inscription in time. The gravity of the child's mental pathology and of his functional organisation depends on the duration of the fixation of his symbolic inscription in the unconscious space of the parents, and of the mother in particular (the three phases of primordial and primary mirroring). Every child that is fixed in the schema of the inverted tree will have a sense of inexistence and a bodily schema in two dimensions, as he is fixed *in* the specular image, or in a *specular rapport*, or *alternatively* in a *specular relationship* with the parental other, depending on the intensity of the enclave.

Within *every* enclaved child, there subsists a melancholic 'crypt', linked to the absence of the sense of really existing and to the impression of being invisible. It is a crypt that gathers the tears coming from this painful void. In her poignant account of her experience as an autistic child, Jacqueline Léger (1997) formulates this archaic problem well: 'When I was talking about my grandmother, I would say my mother; I often repeated this slip of the tongue... between two mothers. The secret hid an unencrypted mourning, a mourning that had become inexpressible, rendered secret, a child of secret passion. The autistic child incarnates the secret of the silent work around the mourning; he is the secret hidden child of the mourned incest.' J. Léger outlines here in a few words the primal autistic enclave. In her insistent slip of the tongue, she expresses the impression of being caught between her grandmother and her mother, like the secret and invisible child of primitive incest and primordial passion – a child that is killed and rendered secret, bearing the impossible mourning of a loss that has occurred, but which is henceforth unthinkable.)

Part Three

RETURN TO
THE TRANSFERENCE

CHAPTER I
PERMANENCE OR
“LIQUIDATION”¹⁸⁸ OF THE
PRIMORDIAL TRANSFERENCE

The theoretical approach to the ontogenetic process of the inverted tree, which I have developed in the second part of this book, has enabled us to see more clearly how, originally, every Subject of language is structured in an *autistic* mode due to the primordial transference. This autistic organisation of time is imposed by the primal prematureness of the human being which obliges him to live vicariously, alienated in ‘body and soul’ to an other, without a body that ‘belongs’ to him, and to depend on the desire, signifiers, words and perception-consciousness of this other in order to be able to feel he really exists.

In the third part of this book, I am going to try, briefly, to circumscribe more clearly the primordial transference in an autistic child in order to identify the permanence of this autistic enclave in neurotic patients. To conclude, I will indicate how this enclave can be elaborated at the end of the analysis, with the ‘liquidation’ (or resolution) of the primordial transference and primal fantasies.

I. *Permanence of the Primordial Transference and the Wooden Reel Game*

The organisation of the schema of the inverted tree opens up an alternative reading of the wooden reel game invented by Freud's grandson. We will see how the primordial transference and primal fantasies organize the different phases of the wooden reel game and allow the child to make a symbolic inscription of his 'presence' in his interaction with others.

1. A GAME IN FIVE PHASES

FIRST PHASE OF THE GAME. The child throws away from him all the objects he can get hold of. Subsequently, he does not look for them, even if they are visible.

SECOND PHASE OF THE GAME. His mother goes away. The child takes the wooden reel which is attached to a piece of string. Owing to an impulse to master the situation, the child stages actively the disappearance of the reel, while exclaiming joyfully 'o-o-o-o', a phoneme which, for him, means 'gone'. He throws the reel, then, which he holds by the piece of string, over the edge of his curtained cot, thus *out of his sight*, and then pulls it back out of the cot exclaiming 'da' ['there']. Freud remarks that he was more interested in the disappearance than the return of the reel. By playing this game, the child inscribes with his phonemes the *symbolic* permanence of his being, but he also realises that the object-reel has not disappeared like the other objects because it is attached to him by the string; in other words, by a truly fusional tie which makes it depend on his own movements. He infers from this that the disappearance of the fusional object from his visual field does not imply that it has really disappeared. He can make the fusional object disappear from view himself, and feel he still exists. He realizes that *it is not because he cannot see the object that it no longer exists*. This is the process of primary symbolic introjection.

THIRD PHASE OF THE GAME. A short while after, his mother goes away for several hours. The child discovers a mirror hanging on a wall, and, owing to an impulse for mastery, makes his reflection in the mirror disappear by crouching down below the level of the mirror. When his mother returns, he greets her with the words 'Baby o-o-o-o', meaning 'the baby has gone'. The child thus expresses triumphantly to his mother that he has continued to feel he exists even though he has *lost sight of* his specular image (the baby's image in the mirror is the primordial image of the mother). His impulse for mastery means that he has the pleasure of making his specular image disappear whenever he wants, now that he is certain to find it again.

FOURTH PHASE OF THE GAME. A year later, he takes a toy, feeling angry with it, and throws it on the floor, exclaiming: 'Go to the front!' He has heard that his absent father is at the front, and so is able to symbolize both his father's absence and the fact that he can be joined. Freud thought that the child was thereby expressing his hostility towards the father, for far from missing him he was glad to be in sole possession of his mother. For my part, I think that the child throws the toy away violently in order to destroy the fusional object with which he is identified and to disappear with it. He can thus maintain, by means of mastery, both the fusional tie with his father (*one life for two*) and the reality of the absent father through the impulse of destruction towards the fusional object. Through this violent gesture, he can also express the oedipal pain and guilt linked to the murder of the father, acting out the second phase of the fantasy of primary narcissism *I am an accomplice to and witness of a murder that has been carried out*. Freud's grandson thus paid for the guilt of being present with his mother in the father's place. Clinically, it can be observed, moreover, that the absence of one of the two parents always reactivates the child's instincts of primitive mastery and unconscious guilt.

FIFTH PHASE OF THE GAME. When this child was five and three-quarters, his mother died. Freud notes that now that she was 'gone', the boy showed no signs of grief but manifested violent feelings of jealousy towards his little brother who had been born in the interval. We can see here that the permanence of the primordial transference enables Freud's grandson to *deny* his mother's death. He expresses violent hostility towards his brother that is roused by his primordial identification with his mother and the guilt linked to primal fantasies and primitive instincts of mastery: having devoured and killed the mother, the brother, with whom he identifies, has taken her place.

It is conceivable, moreover, that the 'primary' fraternal jealousy of early childhood is always roused by primal fantasies and the anxiety of disappearing, rather than by fraternal rivalry. In the link reel-string-child, there is no room for another baby; the previous child thus always feels in danger of disappearing, if he is still young or fixed to the primordial Mirror phase. Clinically, we often see that this anxiety of disappearing is consecutive to primordial identification and to primal fantasies: the mother identifies with the child she is bearing, and so the elder child is thus destined to disappear. Patients often give expression to this anxiety at the beginning of a second pregnancy not long after the first one: they feel the need to show me the photo of their eldest child *so as to be sure of not forgetting him*, they say; or they have recurrent nightmares depicting the kidnapping of the eldest child, who disappeared without trace. For the eldest child, if he is still young, the primordial identification is still in operation and, during the mother's pregnancy, he identifies both with the mother and with the child she is bearing. The following remark by a patient shows this: 'There are fourteen months of difference between my sister and me; moreover, I was five months old when she was born.' Thus patients often have the impression that they were born at the same time as the little brother sister; indeed the small child always imagines seeing a child born like him with whom he can play.

2. THE WOODEN REEL GAME WITH AN AUTISTIC CHILD

To illustrate the organization of the different phases of the wooden reel game with an autistic child, i.e. fixed to the primordial transference of his mother during the first phase of primordial Mirroring, I want to propose my reading of a remarkable clinical fragment taken from the book *Vers la parole* by M.-C. Lasnick-Penot (1995). She retraces the treatment of Halil, a two-year-old autistic child of Turkish origin, while underlining step by step the different phases of the wooden reel game (in my language the process of the symbolic integration and organization of the time of the object). This long commentary will help, I think, to illustrate my theorization of the primordial transference and to bring it into relation with the clinical experience of autism.

M.-C. Lasnick-Penot describes the first months of Halil's psychotherapy which took place in a hospital setting in his maternal language, on a basis of three sessions a week. The sessions took place in his mother's presence; she also translated, and often an intern had the task of transcribing them. M.-C. Lasnick-Penot had a role of interpreter at different levels: at the level of the 'maternal' language; of the signifiers exchanged between Halil and his mother; of Halil's emotional experience; and of the possible meaning of his gestures. She thus manages to elaborate the different castrations that he expresses in his play and in his relationship with his mother. She 'sees' him, and manages to sense and give meaning to his stereotyped movements that are typical of autistic children; and thanks to her interventions, he gradually acquires a symbolic image. She formulates the rapport that unfolds before her eyes, between Halil, his play, and his mother, and succeeds in understanding the Turkish words uttered by the child while giving them a meaning and status of message.

FIRST PHASE OF THE WOODEN REEL GAME (end of November, after two months of treatment). Halil is having fun with two small Meccano pieces connected by a nut and bolt. By shaking them violently, he manages to separate them in two and is jubilant. His mother quickly screws them together again solidly. Halil gets angry and starts hitting his mother, and the analyst tells him that his anger is caused by his mother's forbidding him to separate the two parts. Following this interpretation, Halil clings closely to his mother's arms, but does not calm down; he then becomes distressed and runs off to hide in a cupboard. M.-C. Lasnick-Penot speaks to the mother, saying that her son is trying to represent a separation which is not destructive because, like the two pieces of Meccano, the two parts can be put together again. At this point, she hears Halil uttering from inside the cupboard the word *Dedé*, which, at her request, the mother translates for her by '*Papi*', Halil's paternal grandfather, and also a patriarchal figure for the mother who had died when Halil was conceived.

M.-C. Lasnick-Penot is astonished that Halil is already able to associate separation and death. For my part, I think that Halil was able, thanks to the analyst's presence, to her 'gaze' and interpretation, to begin to have a feeling that he really existed. By exclaiming *Dedé*, he was expressing the *primordial metaphor of the Father*, thereby symbolizing the *first unconscious separation* with his mother through the primal fantasy of *one life for two*. Faced with his mother's distress at seeing his manifestation of joy upon separating the two pieces of meccano, he tries to re-establish a primordial fusion with her by clinging to her; but in this situation he experiences his intense fear of death and annihilation. So he hides in the cupboard and stages the *first primordial castration*: the primordial murder of the Father or the loss of the unconscious image of the fusional body. Hidden, he is no longer visible; he has no body but still exists as a 'virtual' Subject, a subject of speech and desire. In his hiding place, his fear of disappearing, reactivated by the anxiety of being forgotten by the analyst, pushes him to attract attention

to himself verbally and to say to her *Dedé* (in my view, he is already addressing someone), thereby expressing his symbolic permanence after this first primordial castration. Halil thus tries to *heal* his mother and to engage with her concerning the primal fantasy of *one body for two*, a fantasy that he can now elaborate thanks to the transference, to the analyst's 'vision' and listening: even if he has disappeared, he is still alive. The mother is no longer able to hear him; for her he does not exist, either in her internal space or in her extra-bodily space. Only the analyst can see him and hear him and progressively make him *exist* for the mother.

During many long months, Halil continued to repeat the game with the Meccano; the analyst told him each time that his mother accepted not to interrupt him, and the mother would screw the meccano together again compulsively before leaving, saying 'it's broken'. Through unconscious complicity, Halil and the analyst accomplish again and again the primordial murder of the Father and notice together that the child has survived, while trying to help his mother accept this castration. The analyst identifies both with the mother and with the child, and Halil with the analyst and with his mother. He continues along his way and, in the next session, actively defends his space: he would often take refuge in a corner of the room which his mother had not yet entered, but, on this particular day, she entered this space and Halil cried out: *Atta*. The analyst observed that the mother did not react and did not hear what he had said. The Turkish word means 'go away'! It was only, the analyst writes, when she took up the word and gave it the value of a message that it had a separating and devastating effect for Halil and his mother. It seems to me that the effect is primarily devastating for the mother because Halil is now traversing the *second primordial castration*: he now feels he exists in a fusional space, while the mother feels annihilated.

SECOND PHASE OF THE WOODEN REEL GAME (mid December). Halil is having fun with a plastic snake made of interlocking

pieces of many different colours. He takes it apart and becomes very sad. His mother comes and puts the pieces together again. Halil picks it up again, cuts it in two and starts to make a big racket, which inevitably exasperates his mother. The analyst interprets this racket in terms of Halil's fear of having made her angry because he has broken the serpent. Halil stages the *third primordial castration* which makes him very anxious; he needs to make a big racket because he is in the process of separating from his mother's fusional space, without as yet managing to 'see' himself, like before birth. He then begins to play hide and seek with his mother, enjoying himself immensely. Each time he appears from behind the armchair, his mother says: 'Good morning, Halil.' He is very happy, but becomes sad again when she holds out her hand to him. He gets angry, makes a lot of noise and tries to put everything he can get hold of into his mouth. During this stage, Halil is trying to traverse the primitive castration: he stages the disappearance of the fusional object in conscious time, but he still feels in danger, like an object-aim of his mother's instincts of mastery (when she holds out her hand to him) and destruction (*one life for two*). Then, once the serpent has been put together again, he is able, through an instinct for mastery, to break it in two and recognize that he is still alive, in a continuity of being in the extra-bodily space of his mother. The evidence for this is that he is able to make himself disappear behind the armchair, reappear when he wants to, and still feel alive. It should be emphasized, though, that he is still sustained by the analyst's gaze and presence. When his mother holds out her hand to him (his mother's hand is still *his* internal hand), he feels he is in danger and puts objects in his mouth to protect his integrity.

As the session continues, he takes two small fences in different colours and presses them together tightly. Guessing that he intends to unite them, his mother fixes them to each other at right angles. Halil touches them and says *bir biri*; when she hears this, his mother translates the words as 'this one and the other one', without realizing that they are her son's words. But

shortly after, she says to him *iki*, (which means 'two'). M.-C. Lasnick-Penot compares the phonematic alternation *biri-biri* ('this one / the other one') with that of 'O', 'A' of the *Fort, Da*. Now it seems to me that at this stage Halil is unable as yet to represent himself as being *present* during his mother's absence, but he does feel he is alive in spite of the disappearance of the fusional object. Moreover, thanks to the primitive castration, Halil, to the analyst's great astonishment, responds to his mother by saying *baba*, which means 'Daddy'! The sudden emergence of the signifier *baba* confirms his symbolic inscription of the *primary metaphor of the father*, i.e. his symbolic integration in conscious time. His mother now also begins to hear him! 'The mother' remarks Lasnick-Penot, now realizes that her son has said something'. Halil's joy is linked to the mastery of the disappearance of the fusional object and to the *feeling of being real and visible*.

In the next session, Halil finds another object 'thanks to which he can think', writes Lasnick-Penot. It is a soap dish with spikes and holes which he takes to his mouth. His mother finds it dirty and says to him: *At*, which means 'throw it away'. Halil repeats the word *At*, throws the object far away from him and falls into autistic withdrawal. Lasnick-Penot underlines verbally his submission to maternal injunctions and names his anger while stamping her feet in order to help him come out of his withdrawal. This is a fine example of primordial transference: by naming the affect that the child feels, the analyst is also led to mime the functional image of it as mothers do naturally¹⁸⁹ with small children so that the child can coordinate the emotion with the words uttered.

THIRD PHASE OF THE WOODEN REEL GAME (mid-January). M.-C. Lasnick-Penot gives a pencil to each of them. The mother draws some men, enumerating the first names of the father and the two brothers. The names are pronounced, according to the assistant, like the first names of children. Halil picks up a magazine which is in the waiting room and delicately separates the cover from the contents. Then he makes three paper strips.

Lasnick-penot counts them in Turkish: *bir, ik*, 'one, two', and Halil then says *utch*, which means three in Turkish. He is now able to inscribe himself in conscious time and carry out the *first primary castration*. But, as the assistant points out, the father remains fixed with the mother in a primordial fusional tie, and, for Halil, has an unconscious status of an incestuous brother.

FOURTH PHASE OF THE WOODEN REEL GAME. Halil throws the soap dish with spikes and holes in all directions, exclaims *At!*, and, on finding it again, says *buldu*, which means 'he has found'. Generally, though, he speaks of himself in the second person, that is, he often repeats what has been said to him as it was expressed. 'We could say,' says Lasnick-Penot, 'that his discourse does not come to him from the Other in its inverted form but directly.' According to my reading, Halil is expressing here an identification with the unconscious and symbolic image of the Other, the first phase of primary Mirroring; he *is* the Other who is speaking and sees himself through his gaze and specular image. A few sessions later, Halil and his mother arrive late because of the taxi, his mother says, and Halil, who is angry, starts kicking a big car and a small car. He hides in the cupboard where the snake is, and then pulls it to pieces while approaching his mother. She says to him, 'Give me that!' and the analyst, addressing Halil, hears herself replying, 'Do you want to give them to Anne (this is how he addresses his mother) or would you prefer it if she watches you?' The analyst had noticed that the mother was not looking at Halil. She writes: 'I tried to make her understand something like this: a mother can also watch, you can perhaps choose not to take it.' In reply to the analyst's question, Halil said very loudly *Back!* which in Turkish means 'watch!'

In this session, we can see that the mother can only tolerate with difficulty her son's progress; while he is trying in every way he can to help her elaborate the preconscious castration. From the beginning of the session, he stages it again by hiding in the cupboard and taking the serpent to pieces. The analyst

understands unconsciously that the question of visibility is essential so that he can constitute his I of bodily identity (especially as his mother is beginning to listen to him a bit). She had noticed that they did not look at each other during the sessions and the question she asked Halil emphasizes the fact that she has noticed that the mother does not see him with her eyes (external vision) but with her hands, like very small children to whom one shows something, who, in order to see, absolutely need to touch, first with their mouths, and then with their hands. Halil, acting as a good interpreter, this time addresses his mother directly in Turkish to make sure he is understood. This was not without consequences. The mother must have had a big emotional shock at being confronted suddenly with the blinding vision of her specular image (now detached from her own). During the rest of the session, moreover, Halil regresses into a state of autistic withdrawal; he begins spinning round and round like a top (like astronauts in weightlessness), while staring at a ceiling light in a hypnotic state.

FIFTH PHASE OF THE WOODEN REEL GAME (early February). The mother is absent at the beginning of the session. On several occasions, Halil taps on the armchair which he usually uses, saying *Anne*. Then he takes a piece of Meccano in each hand, hits the door and the window with them, while calling for his mother, and then hides behind the curtain. Next, he throws down the soap dish with holes, exclaiming: *At!* By making these gestures, Halil shows that he is now capable of symbolising the disappearance and return of his functional image. He thus succeeds in maintaining the permanence of his presence and of his functional unity and so, out of an impulse for mastery, can destroy the fusional object and master its disappearance. When his mother arrives, Halil continues to play unperturbed. If the analyst tries to speak to his mother, he puts the scissors in his mouth and starts making a huge racket which drowns out all other sounds. Halil wants to push his mother into flying off the handle with the analyst; he continues to make a lot of

noise, makes smears on his face, and puts everything he can get hold of into his mouth. In this way Halil is expressing his terror of being 'incorporated' once again by his mother. Each time, the mother, beside herself, takes the objects away from him. The analyst, who understands her anxiety, takes her defence and explains to her that her son does not want her to be 'the chief of the mouth'. Before leaving, and in a furious mood, the mother brings Halil's face up close to the mirror so that he can see the mess he has made. With an absent look, he withdraws. We can see that he is beginning to want to occupy a space that is separate from his mother. He establishes a relation with his analyst outside the relationship with his mother, who obviously cannot tolerate this. At this stage, he cannot see anything in the mirror.

SIXTH PHASE OF THE WOODEN REEL GAME. In the next session, Halil's brother accompanies them. Halil goes to fetch the Meccano and the snake; his mother says to him 'Give that to me', and Halil goes and hides in the cupboard. The analyst establishes out loud the connection between the mother's injunction and the child's withdrawal. Halil shows the Meccano to his mother and draws the bolt towards his mouth as if he was only now discovering the existence of this piece linking the two parts, remarks Lasnick-Penot. While rubbing the screw that holds everything together, he utters two words *Gel de*, and *anne de* which might mean 'Come, Mummy inside'. His mother is able to hear him and goes and plays with him. During this session, Halil seems to be able to represent himself as the living part, the primordial I who sustains the fusional space (the screw and the bolt of the Meccano). At this moment, he is making a primary symbolic introjection, even though it is still fragile.

SEVENTH PHASE OF THE WOODEN REEL GAME (mid-February). At the next session, Halil is accompanied by his mother and his other brother (the youngest of the two elder brothers) who want to take part in the session. As his participation is refused,

Halil remains with him in the waiting room, and then goes to fetch the Meccano set to show it to him. At this point, the analyst is surprised to see Halil establishing a *rapport* with his brother, even though he still does not react to his own image in the mirror. The analyst's observation confirms the process of primary Mirroring: Halil is still unable to recognize his own image in the mirror because he has not gained access to a symbolic image of his mother, but he recognizes himself in the specular *rapport* with his elder brother who sees him and hears him.

Later, Halil takes a car and plays with his mother. The analyst remarks that he is captivated by the empty space left each time by the car. He then starts playing with his Meccano set again and suddenly becomes absent, once again turning around himself like a spinning top. According to my reading of it, Halil is in the process of traversing his second primary castration (preconscious). In spite of the sense of annihilation that he feels through the detachment of his mother's body, he is experiencing the continuity of his being during this separation. Incapable of elaborating the sensation of emptiness, Halil falls into the state of primal hypnosis. To bring him back to himself, the analyst calls him by his name and gets up to touch his arm. Once the incantation is over, Halil notices that the two Meccano pieces are still separated and he is jubilant. He goes up to his mother and says *Aldim*, which the mother translates, while touching Lasnick-Penot's chest, 'Take it! Take it!' The mother hears and translates, but does not grasp the meaning of the word. The analyst repeats the message for her and invites her to take hold of the toy. She accepts and Halil decides not to give it to her. The analyst intervenes and explains that it is important for Halil to be able to play at not giving her the object that he is holding out to her. A first long exchange between them follows.

This sequence is very interesting. We can see how Halil, feeling that he is living in a different space from his mother, approaches the third phase of primary Mirroring. Awakened from his hypnotic state by the analyst, he realizes that he and his

mother are still alive, even though both parts of the Meccano are still separated, which the mother tolerates, and he is jubilant. He proposes to her to play in order to unite them, *which his mother hears but cannot anticipate*. For Halil, the primordial mimetic identification can become an imaginary process, but not for his mother! The analyst's intervention helps the mother to establish an exchange with Halil who decides on the time and the intention of his movement: he gives and takes when he wants and his mother accepts it.

Very happy now, Halil gets up to contemplate the image in the mirror of the two separated Meccano pieces, holding them in each hand. Then, he moves the analyst's armchair and invites her to sit in it, and climbs onto a little white bench to look at himself in the mirror, while at the same time looking at his mother. Lasnick-Penot thinks that Halil has reached the mirror stage. To be sure, but a deficient mirror stage because he only recognizes himself in the specular image in the analyst's presence, placed as a spectator, and it is thanks to her gaze that Halil, who is so lacking in functional images, can feel he actually exists.

In trying to transcribe this session, Lasnick-Penot succumbed to an irresistible need to sleep and had a dream that she considered to be very important: 'I saw someone carrying a fragile and precious object made up of two parts linked together by chains; the bottom part becomes detached, falls and breaks on the ground.' Lasnick-Penot links this dream to the great sense of closeness she felt for this mother-child couple and writes: 'My idea here is that I had to occupy the place of an Other who was capable of tolerating the loss of an object, of tolerating its fall, that is to say, the image of a mutilation, of a radical incompleteness. But it was as I did this that the possibility emerged simultaneously for this child to gain access to the mirror stage and, for the first time, to make a statement as a subject.'

Caught up in a strong primordial transference, M.-C. Lasnick-Penot undergoes during the session the intense

experience of the second primary castration traversed by Halil and his mother, underpinned by the primal fantasy *I have killed my child*. The annihilation-anxiety and destructive impulses aroused by this radical mutilation were so strong for this extremely inexistent mother that she reactualizes for the analyst this primordial castration and the fantasy of the primordial murder of the fusional child.

A few days later, the analyst learns that the word *aldim* does not mean 'you take' but 'I took', and she discovers that the mother usually speaks about herself in the second person. Here we can clearly see the imaginary inversion of the symbolic and functional image of the beginning of the third phase of primary Mirroring: the mother, fixed to this phase, designates herself as a 'You' and like deaf children, she touches the analyst's chest to designate *herself*; Halil, who is only just beginning to inscribe himself in a functional image, designates himself as a Me-with-You in the interaction (he inverts the symbolic image), but the past tense of his statement 'I took', when he gives the Meccano piece to his mother, shows that he is still designating the action accomplished by the Me-You in the past and not the action which *he is carrying out* in the present moment. This reflection simply shows that Halil is still in a specular rapport with his mother in conscious time, split off from his functional image (like his mother moreover). Note that he is no longer *in the specular image* of his mother as before (see the fourth phase of the game).

In her book, Lasnick-Penot takes up Halil's treatment again when he is four. Halil has made much progress. He seems to have emerged from his autistic state: he can speak and draw quite well. At this period, when his mother was expecting a child, his grandfather (on his mother's side) died after a long illness. Halil regressed enormously with different symptoms: he was mainly hypomanic and his language became unstructured. He was very deficient in symbolic and functional images of his mother and had structured himself, I think, thanks to the transference and *foundational gaze* of his analyst. With his

mother pregnant, he once again lost the sense of belonging to his own body and symbolic image. This dilution of the sense of really existing was exacerbated by the grandfather's death and the fact that he was in Turkey at the time, far away from his analyst.

After the birth of his little brother, Halil was very disorganized and asked if he could come with him to his session. On that day, several women in the team welcomed the baby with exclamations of delight. The analyst noticed that Halil became livid and petrified, and felt *that he had not been weaned from a foundational gaze of the primordial Other*; all these looks directed at the baby were vital for him. M.-C. Lasnick-Penot had the impression that something that had just established itself in him was being undermined again. Then he pulled himself together, kissed the baby and bit his foot, which the analyst interpreted later as a sign of hostility. My reading of it is that during this scene Halil was close to the state of primal hypnosis. He was identified with the mother and with the baby that she was carrying in her arms. It is the baby who sustains the image of the fusional object in conscious time. The looks directed at the baby inscribe him as a real and visible object. He can fill himself up with these looks in order to enrich himself with very invigorating functional images. This is why he ran to kiss the baby and to bite his foot (the primordial phallus), owing to an impulse for mastery, so as to 'incorporate' and integrate him in the time of consciousness.¹⁹⁰

For four months, Halil went through some very difficult times: at moments, he was very unstructured and would make meaningless guttural sounds; at others, he would dramatize a family situation with little characters. Whatever the scenario, the baby and the mother must never be separated; they form 'an indissoluble and, as it were, sacred unity'. He rejected violently every attempt by the analyst to introduce a jealous brother who would like to get the baby out of the way. Five months after the brother's birth, a drama occurred. Halil caused his little brother's death by feeding him a carrot. M.-C. Lasnick-Penot was very

affected by this drama. She now began a major theoretical study in her book of fraternal and murderous *invidia*.¹⁹¹ It would seem that she needed to work with Lacan's concept in order to get through this traumatic moment, after having perceived Halil's act as a murderous impulse coming from within him. I think this interpretation prevented her from hearing properly the way events had unfolded when she was on sick leave.

M.-C. Lasnick-Penot relates the events as follows. During the session that followed the tragic event, she listened to Halil's devitalized account: 'There's no more baby; I was eating a carrot, so I gave a carrot to M., the baby; then the ambulance arrived, M. was dead and Daddy left with M. by plane for Turkey.' Lasnick-Penot telephoned the mother and asked her what she and her husband had said to Halil after the events. The mother replied: 'Nothing, there would be no point in having a second dead child.' Lasnick-Penot then said that she thought it was important she should visit them, and asked if she could do this. The mother succeeded in remembering with the members of the team how the tragedy had unfolded: 'She had peeled four carrots and put them on a plate in the fridge, telling Halil clearly that there was one for each of them to avoid any disputes, as her children really liked carrots. Each of Halil's two elder brothers took a carrot and the mother went out shopping. Halil then took the fourth carrot and gave it to the baby...' Overwhelmed, the mother showed the photos of the dead baby, but seemed relieved to have been able to talk about it.

Traumatized by the events, M.-C. Lasnick-Penot seems to deny the mother's involvement. Halil not only acted out the mother's destructive impulse linked to the primal fantasy *one life for two* that weaning had reactivated, but followed *the maternal injunction* to carry out the brother's murder, which she orchestrated unconsciously: 'There are four peeled carrots, four children, each of whom must eat his own.' This was an injunction that he was quite incapable of questioning. The mother, no doubt disturbed by the illness and death of her father during her pregnancy and then made more fragile by the

weaning process, must have been prey to powerful anxieties, primitive impulses, and primal fantasies. So, as a guilty survivor, Halil sacrificed himself and perpetrated the primordial murder of his brother to save his mother, while waiting to die himself in turn. During his mother's pregnancy, Halil had lost once again any possible representation of himself, a loss reinforced by the psychoanalyst's absence. He found himself deprived of the gaze which made him feel he existed. Later on, he expressed this in a fantasy: 'You were dead, so everything was broken; the world was dead, and there was no one left afterwards'. Shortly afterwards, M.-C. Lasnick-Penot relates in translation two or three little songs that Halil liked to hum. Here is the first:

*You were like a young tree in this mortal world,
Your roots have been torn away, do you realize?
Your leaf has dried up, your rose will wither,
The angel of death will knock at your door.*

This clinical fragment has showed us the processes of primary and primordial Mirroring.

In analytic work with pregnant women and the mothers of small children, familiarity with the different phases of this process and the concomitant fantasies proves very useful for giving meaning to the archaic anxieties and symptoms which appear when certain sensorial losses have not been sufficiently symbolized. Formulating and giving a meaning to very frightening unconscious experiences allows the mothers to cope with them better, even if they sometimes need a lot of time to integrate them symbolically.

To conclude, in psychoanalytic practice in general, the theoretical corpus of the schema of the inverted tree helps us to understand better the meaning of the symptoms and the permanence of an autistic enclave in the neuroses.

II. Identifying the Enclave

In order to show how a fixation to the primordial transference persists in all pathologies, I am going to show how it can be identified. The accounts of post-autistic women will help us to decipher this autistic enclave since they describe very finely the sensations and suffering felt due to the fact that they have been unable to integrate time symbolically.

I. THE ENCLAVE IN LANGUAGE

Allusion

It is common, in analysis, to hear patients alluding to the supposed knowledge of the analyst with truncated opening remarks such as: 'You obviously know that...' In this way, analysands are expressing the belief that the analyst already knows what they think and can sense what they feel, without their needing to express it. The impression of being transparent and that the Other can see and thus destroy and appropriate their thoughts and wishes is one of the primal fantasies of the inverted tree. In order to link this allusive mode of discourse up better with the autistic enclave, I want to return to an interesting passage in the testimony by Jacqueline Léger's (1997), who defines herself as post-autistic: 'I was incapable of asking, the other had to know what I was thinking. The other necessarily had the same thoughts as me. Allusively, that also expresses effort that was necessary to hide my thoughts [...].'

Allusion, in analysis, can also be explained by the primordial transference and the inversion of the unconscious and specular image. Moreover, J. Léger adds: 'Now during this same period, my mother, who thought I used the broom badly, decided to show me how to use it. She did this as if she was going to use it herself, because it was much too big for the little person I was ... well, my mother was unable to put herself in the shoes of a little girl.' Her mother could not 'see' her daughter in a separate

extra-bodily space; she could only experience her within herself, as part of her own unconscious image.

The allusive mode of discourse in analysis thus reveals an autistic enclave that is still operative.

The presence of holophrases

We can find holophrases in the discourse of neurotic or somatizing patients. The holophrase is a series of signifiers stuck together without caesura, evoking a language in which the time of the speaking Subject is lacking. J. Guir¹⁹² has also noticed the presence of holophrases in the statements made by patients suffering from cancer. As we saw with Claude, when the intensity of the lack of a sense of really existing is too strong, the body begins to destroy itself in an autistic way in order to sustain a body representation. Every holophrase indicates this difficulty in inscribing oneself symbolically in time. M.-C. Lasnick-Penot (1995, p. 50) has found a massive presence of holophrases in post-autistic language. Post-autistic children often remain fixed in a specular rapport with the other (as we have seen with Halil). Lacan (1975, pp. 250-251) writes: 'You will also see that every holophrase is connected with extreme situations in which the subject is suspended in a specular relation with the other'.

We can consider, then, that every holophrase in the discourse betrays the trace of an autistic enclave that is still operative.

Signifier/signified fixation

In the language of patients, we can often hear a *tendency towards the signifier/signified fixation*. This tendency appears in phrases such as 'I didn't have a mother', as we saw with Mona, Sylviane's mother. The time of word-presentations is dissociated from the time of thing-presentations:¹⁹³ as Mona has never 'seen' her mother alive, her mother has never existed. Sylviane remains glued to her mother's signifiers and signifieds

and cannot organize them in a different time because she is fixed in a specular relation with her.

The difficulty, or even the impossibility, felt by the Subject in forming an idea of the 'invisible', obliges him increasingly to attach words to thing-presentations. The remarks of this female patient are very enlightening: 'Already when I was small, I didn't have any desires and I felt I was nowhere. For example, I couldn't coordinate the tenses of verbs in my homework and submit to rules of grammar in general; moreover, in adolescence, I spent years without having periods.' We can see here the shift of the word and the metaphorical link which connects it with the time of the thing-presentation towards a word which designates the thing itself, owing to the symbolic non-inscription in time of the Subject who speaks and sees. This process reveals an autistic enclave.

It is only when the Subject is totally dissociated from his unconscious image and from the time of symbolic images that the designation of the thing becomes the thing itself. In this case, the Subject who 'sees' and 'hears' is so dissociated from the Subject who speaks that he is effaced and disappears from conscious time (cf. first drawing by Abel, p. 48), and the word is reduced to a thing-presentation, to an auditory or visual hallucination, and then we are in the presence of a psychotic deviation. The essential difference between the autistic enclave and psychotic dissociation lies here: in the autistic enclave, the Subject is fixed to the symbolic image and to the conscious time of the Other; in psychosis, the Subject *no longer exists* in conscious time. Here is a brief clinical fragment to illustrate this point.

Agnès came to see me for a problem of bulimia and depression, which, she said, began when her daughter was born, who was now aged 3. She was on sick leave and was consuming a large dose of anti-depressants. She had been an air hostess and had had her daughter 'by accident' following one of her many love affairs while travelling. An only daughter, she had been living since with her old widowed mother, with whom she had a very

fusional relationship, and her sister. All three were confined in a small universe of women. She spoke very easily and seemed, this time, to really want to take charge of her life. After a few preliminary sessions, which Agnes found very difficult to tolerate, she left an anonymous parcel/gift in my letter box at the time of her session, containing a bottle of perfume and its advertising slogan: “*Je vous mets au parfum.*”¹⁹⁴ She missed the following sessions, then called me in a desperate state one day from a telephone box in which she had shut herself for several days out of a need to feel secure. She asked me to help her and to protect her from the third eye that had appeared on her forehead and which was giving her frightening visions. I was surprised and moved by the outbreak of her delusion. It often happens, moreover, that patients keep it secret for fear of disappointing the analyst and being rejected. Agnès, however, had tried to ‘put me in the picture’.

In this clinical fragment we can see the psychotic deviation. Agnès brings the bottle of perfume to her session instead of herself. She no longer has a primordial signifier to represent her; only the little bottle and the perfume in the analyst’s space-time can make her exist in conscious time, she herself having become a ‘thing’. The little advertising slogan which comes with the bottle is anonymous, and one can neither recognize the Subject who gives nor the Subject who receives. The *statement* itself is *allusive*, but it is important to distinguish an allusive statement from an allusive mode of discourse (I have touched on this already): in the former, neither the Subject nor the Other exist;¹⁹⁵ on the other hand, in the allusive mode of discourse, the Subject is ‘present’ in the conscious time of the Other.

2. THE ENCLAVE IN WRITING

One could say, like Rezvani (1967), that writing is a ‘painting for the blind’.¹⁹⁶ When one experiences dreadful anxiety linked to the feeling of being bodiless, writing becomes a necessity to

maintain the sense of actually existing. A poet-patient spoke about it like this:

‘During times when I am submerged by anxiety and the fear of AIDS, I feel I am in a state of confusion. It’s as if I saw myself in an inverted way, as if the half of my brain which is tuned in to reality became the other much more imaginative part. Although the critical part is still there, it becomes powerless. Getting out of myself through automatic writing, describing all my states and feelings, makes me feel alive and separated by a void of images lying on the sheet of paper. From then on, the faculty of judgement and criticism is once again free to discriminate.’

Automatic writing makes it possible to inscribe the unconscious image in conscious time. Enclaved in the mother’s body, the child feels he is in a black hole, without images or light, and feels the need to write. We have seen the Charlie’s ‘black and abyss-like state of nothingness’ and how automatic writing had a salutary effect for him. Jaqueline Léger (1997) calls it ‘writing melancholia’ and considers it as the only memory possible of inexpressible sufferings and pain.

Here are a few extracts from her ‘writing melancholia’:

‘Becoming frozen. Psychic death, there very close. So writing’s a necessity.’ ... ‘Break my time, my being.’ ... ‘In my mother I drank, I filled myself up with her, she was in me as I was in her; at the same time I was shitting her.’ ... The nine months of my mother’s expecting have no before or after, and the after is very likely to be the return’. (p. 179ff)

Jaqueline Léger describes for us here her state of ‘psychic death’ linked to a fixation to the primordial transference and to the sensations experienced during her foetal life. Writing melancholia is a cut writing, full of cruel caesuras which do not work, which attempt to cut the thread so as to catch the time-reel which is lying at the bottom of a well in an unchanging and continuous space, in the before and in the

after. It is characterized by its sad musicality, bordering on a silent cry which never ceases to blow out like an old candle or an unending drip of blood which tries desperately to fasten onto a leaf or a window pane in order to inscribe a trace of the primordial murder of the Mother.

3. ENCLAVE IN THE NEUROSES

Neurotic patients *live from reminiscences*, often have the impression that they are already old, and find it difficult to feel present in their relations with others. Charlie, with his mirror behaviour and his difficulty to experience any sense of a continuity of being, is the patient who taught me the most about the enclave.¹⁹⁷ You will recall that he embodied, by means of imitation, very different characters without, however, being able to establish a link of continuity, as if there was a void between the different characters. D. Williams (1992) in her moving account of her experience as an autistic child, describes these sensations well: 'My experiences were especially dense in that they were not integrated; they were only concentrated on one subject at a time, rather as if each instant was separate from the next, frozen in time.' She adds: 'I always had the feeling there was a black hole between me and the world; to get to the other side of this black hole, I had to jump over it, hence my difficulty in jumping' (1992, p.303). Sylviane had also experienced since her childhood difficulty in jumping, in taking leave of the ground; she felt she was in a state of hypergravity, imprisoned in a body that was too heavy and that did not really belong to her. Such slowness in movement, linked to this state of hypergravity, is a common feature in autistic and schizophrenic patients.

When the symbolic image is not integrated within conscious time, the Subject's words and movements, which have no origin or intention, cannot move around in space because they do not have an object-aim to move towards. In other words, if the symbolic image remains suspended outside time, words have

no meaning. Temple Grandin gives a good description of the incapacity of autists to understand words such as before, after, inside, outside, which are related to space and temporality. 'For language to acquire meaning,' says D. Williams, 'one has to be able to establish a link between language and what it refers to, just as a link must be established between the one who is speaking and the one who is listening.' Words are fixed initially to the time of the person who is speaking and then linked up with the time of the person who is listening; neurotic patients remain in the first phase of the process, the time of the enunciation of the other. D. Williams (1996) skilfully describes the autistic child's incapacity to integrate himself in the time of the enunciation: 'You cannot show someone a 'piece of knowledge', nor can you see a 'feeling'. I learnt to use these words like a blind person uses the word 'see' or a deaf person the word 'hear'. I could sometimes grasp invisible and intangible concepts; but without internal images, they drifted away like light clouds.' The autistic child, enclaved in the mother's fusional space, is dissociated from his unconscious image; incapable of establishing a rapport with another person, he can nonetheless grasp the most intangible concepts. We have already seen this difficulty in establishing a functional relation with others in the case of Charlie (remember the word-space), and of Claude, and, in general, with neurotic patients who have difficulty in feeling they exist in the absence of a fusional relationship.

Donna Williams (1992, p.65) also describes the immense difficulty such individuals feel in understanding the relations between people, hence the need for a certain violence in order to feel they exist: 'I could understand the acts of others especially when they were excessive; on the other hand, I could not understand mentally people as a whole, the intentions, attentions, desires and hopes of people; everything which involved the act of giving and receiving remained completely foreign to me. Violence, at least, allowed me to know where I stood'.

The incapacity to apprehend the unity and continuity of the object in conscious time and the impossibility of imagining exchanges with others cannot be better expressed. For the autistic child, as for every enclaved child, masochism and violence are necessary in order to have the sense of having a body. He can only imagine himself in a living space through a fusional tie with the primordial other or with an animal. Jacqueline Léger (1997) relates a dream in her book which speaks volumes in this respect: 'Dream from behind the head, flat image, intense sensation around the void of my body, moving contours with thick lines, even thicker still are the merged contours of a cat in fusion with me through my holes. Life condensed at a pivotal point, the Siamese cat with me, I am everywhere around the axis in fusion, my holes, my orifices, forming but one in a circle around. Sun of sensation, phenomenal pleasure and dreadful terror, instantaneous coincidence of the whole moment, of the whole time, brutal awakening.'

Analysing this dream afterwards, she wrote: 'I made a slip of the pen which I found incredible: I said that I was my mother, whereas what I meant to say was that I loved my mother.'

According to Winnicott, a child who cannot create a transitional object sometimes finds an object of consolation in a domestic animal, but, if it is absent, he feels real pain. Claude's breakdown occurred after the interruption of her sessions due to the holidays, but was due particularly to the death of her dog which had accompanied her up till then in the torments of her illness, manifesting in turn similar symptoms.¹⁹⁸ This death opened up an abyss of pain and a loss of the sense of really existing, which was certainly exacerbated by the absence of my gaze. During analysis, there is often an interaction between patients (women in particular) and domestic animals. The animal falls from a window just when, during pregnancy, they are experiencing a primordial castration that is insufficiently symbolized by their mother, as we saw with Mrs F,¹⁹⁹ or lets itself die slowly when they are in love, or disappears when they give birth. Moreover, their history often shows that their

mother's cat or little dog either died or disappeared when they were born.

4. ENCLAVE IN PERVERSIONS

The perverse organization also sustains the sense of actually existing of the child who has not succeeded in inscribing himself in a functional rapport with his mother. As he is only able to identify unconsciously with a dead object, he will become attached to a fetishistic object with pronounced sensory characteristics. It is not a transitional object (Winnicott, 1971) because, as its name suggests, the transitional object is already inscribed in time, but rather a fetish-like object, a real and not an imaginary support for primordial fusion, an object of passion outside time with which the child is identified and whose fusional odour he can smell, which he kisses, bites or tears at will. On the other hand, if the fetish-like object loses its smell, for instance, because the mother has washed it, or if it is too fragile and has been destroyed, it is absolutely *unreplaceable* (unlike the transitional object). The child can plunge into a sense of dissolution and distress to such an extent that he regresses to an autistic state of desubjectivization close to that which is experienced at birth. This is confirmed by F. Dolto (1984, p. 221: "What is very serious is when children only have this object from their past and nothing else; no relationship that can take over from their relation with their mother, no varied games, no songs, no words. These children are in great danger if ever they lose their fetish. Shortly after, and without anyone realizing it, they will gradually fall into secondary autism. As long as they had their fetish, they were relatively related to the world. Once the fetish has disappeared, they progressively enter an autistic state which is reminiscent of a sort of somnambulism.'

Here is a brief clinical fragment to illustrate these remarks. I saw Christos arriving, a young, fair-haired ephebe with a

diaphanous face and a grey bandanna around his forehead. This 33-year-old painter lived from small odd jobs. He came to see me because he was in love with a young girl, also an artist, with whom he wanted to have a normal sexual relationship. For the moment, he said, he could only have urinary relations, that is, he would crouch down and swallow his girlfriend's urine. The simple idea of a sexual relationship with her terrorised him.

He was the only child of a woman ravaged by anxiety and depression, and had been her incestuous object throughout his early childhood: he had been drawn into practising cunnilingus on her. He had begun very early on to have pleasure with his mother's shoes when she was absent. His parents got divorced. Christos was about twelve when his mother jumped out of a window during a weekend when he was at his father's. His uncle, on his mother's side, who was close to Christos, collapsed emotionally following his sister's death and killed their mother with a crossbow, holding her to be responsible for the suicide. Since then he has been in a psychiatric hospital.

While these dramas were going on, Christos' father remained absent and indifferent. Once he was divorced, he started a new life with a former pupil and had a son with her. One day, while he was playing with his baby brother, Christos got some urine in his mouth and began to have very joyful and playful exchanges with him of this kind. It was the only emotional tie he had with anyone.

Christos began his analytic work seriously, trust was established, and he developed a 'maternal' transference. During the short holiday periods, he sent me postcards of reproductions of Piero Della Francesca's *The Nativity*. He was feeling very happy and soon stopped his practices with his girlfriend without however being able to have a sexual relationship. After the summer vacation, I learnt that he had found it very difficult to tolerate the separation. He had been through a depressive period which had terrified him and had found a solution for dealing with this which was to build himself a grinding machine. In fact, it was a wooden box carefully cut to size so

that he could hide in it. He had cut a large circle in the centre with a mobile system. His friend was supposed to sit on it while Christos, hidden inside, would swallow and grind her excrement. For the time being, he spent his time brooding²⁰⁰ alone and sitting crouched inside the machine. While he was speaking about this, Christos held out the plans for the machine which I refused to look at. He found it difficult to accept my refusal and declared: 'If you won't accept to look, it means that you don't want to hear what I am saying.' He stopped coming and I had no more news of him.

For a long time, I could not understand the meaning of this sudden interruption, or the meaning of the grinding machine. It was only after reading the writings of autistic women that I was able to understand that the difficulty in tolerating the separation and the interruption of the sessions was linked to the sense of no longer having a body. Jacqueline Léger (1997) writes: 'The end of the week was approaching and I was once again afraid of the interruption of the analysis. I spent the time of this interruption writing, as I did during the 'suspended week', and, the following Tuesday, I brought the analyst the harvest of my words, of my sufferings. I still felt I was in my mother, in her words or her sufferings.' Here are a few extracts from her *sufferings*: 'I am trying to be whole outside my body, inside my body, but I-me-being has no limit to its skin'; 'I can't escape from being on the edge of life.' These words bring to mind what Claude said after the interruption of his treatment. Every separation during analysis is experienced tragically by very enclaved patients who cannot maintain a functional representation of themselves when they are away from the analyst.

When Christos felt his body falling apart, he designed the grinding machine in order to feel the limits of his skin, thanks to the slight pressure of the sides of the machine, and to feel that he existed in solid containing space. The project of eating and grinding his girlfriend's excrements, with himself metamorphosed into a toilet bowl, i.e. a containing object,

also allowed him to incorporate the faecal object of the other and so to maintain the fusional space, as he did before with her urine. The change of his primordial identification, from the urethral object to the faecal object of the other, shows that, unconsciously, thanks to the transference, Christos felt more 'consistent'. Clinically we often observe that separation anxieties caused by the interruption of sessions due to the vacation become more intense after a few months of analysis rather than diminishing. Indeed, it is much more frightening to lose a body that one is beginning to experience, that has some 'weight', rather than a liquid object which evaporates and disappears, leaving just an odour as a trace) you will recall the archaic fantasy of analysands when they turn round to see if they have left traces on the couch).

In a remarkable book, Temple Grandin (1994) retraces her history as an autistic child and speaks of a holding machine which closely resembles Christos' grinding machine. At the outset, it was a holding trap designed for castrating animals. Curling up inside and feeling a certain pressure that was not too painful allowed her to experience the limits of her body and relieved her bouts of anxiety. T. Grandin also tells us how terribly disappointed she was with her psychotherapists who found it very difficult to accept her discovery!

III. *Primordial Transference and Mimetic Identification*

During the stage of primordial imprinting, mimetic identification and the primordial transference between the mother and the child, that is, the projection and introjection of unconscious and preconscious movements, are constantly at work. The ontogenetic process of the inverted tree and the fixation to this primordial mimetic identification are at the origin of the tendency to repeat and may throw light on the repetitions of a biological order such as births on the mother's or grandmother's birthday (like Sylviane). As early as 1895, in

the 'Project', Freud spoke of memory as an *Erlebnis* (experience) which depends on the intensity of the impression and the frequency of its repetition.

The child who is fixed to this primordial identification will be impoverished at the level of his primitive apparatus for mastery and imprisoned in compulsive repetition. It is probable that, for phylogenetic, ontogenetic, and cultural reasons, girls are more enclaved in the process of the inverted tree. Boris Cyrulnik (1989, p.162ff) has remarked that they have more difficulty than boys in forming a bodily identity because they are not looked at so much by their mothers, but are more sensitive to her voice and words. They are less active and integrated in space, but are affected much more by their mothers and in a more sensual way. Right from birth, the mother carries and places them laterally and not in the face-to-face position (as we have already seen in the second chapter with the clay models).

Primordial mimetic identification increases considerably the mother's difficulty in 'seeing' them in conscious time. However, the absence of this gaze increases in them, subsequently, a deficiency in the sense of really existing as well as in the capacity to be 'alone' (Winnicott).

In my clinical practice, I have noticed that the sense of invisibility is expressed more strongly in North African adolescents, even those from families who have been in France for two generations. In Islamic cultures, as we know, the woman has no social identity; she is 'the daughter of' or 'the wife of' X, she has lots of children, she is veiled, and is not allowed to go out alone or to lift her eyes in public. In China, too, traditionally, little girls are treated differently from birth: they are placed on the ground, as if they were still not born, whereas boys are laid on a bed visibly, at a certain height. At the semantic level, the term *chi* designates vital energy and *chi* designates both the spouse and identity. In discourse, on the other hand, the spouse is called *nei tzu*, that is, 'the one who occupies the man's personal bedroom'. Her identity is thus

conceived unconsciously as pure energy without a form or space of its own.

We can find a fixation to primordial mimetic identification and to a specular relationship in all neurotics in their relations with those who are close to them. In analysis, moreover, it is often necessary, in order to find a main thread in their history, to uncover their desire through mimetic identifications formed with those around them. Anémone, Sylviane's eldest daughter, was probably conceived in relation to the first child of her friend Djemila.

The sense of impotence and the incapacity of neurotic patients to project themselves into the future are often linked to their parents' scornful attitude towards them, during childhood, saying things such as, *you're a good for nothing, a failure*, or an attitude of derision and sadistic pleasure such as pretending to abandon them in inextricable situations or pretending to be a ghost under the sheets while laughing at their terror. This derision makes them feel omnipotent, giving them a sense of having the power of life and death over the child reinforced by the *transference of the functional image*. The consequence of this is that they are unable to imagine that their child can survive them. Hence this note to a patient from her mother whom she had not seen for a long time: 'I beg you to come to my burial so I can see you one last time.'

Neurotic patients, in turn, cannot really imagine their parents' death and they feel very intense anxiety and guilt simply for not thinking about them all the time. In a way, the parents only exist if they are *always* present in their thoughts or in their own body, as the following statements suggest: 'I feel I am inside my mother's body and I can hear myself speaking like my father'; or again, 'I feel like an old person; I can hardly imagine any possible future.'

The unrepresentable body of the child becomes an object-fetish, a 'link-space' shared with the parents: 'the incestuous object,' writes P. C. Racamier (2002, p. 137) does not represent: being nothing other than a substitute, it is what it replaces.'

This body, an incestuous object-fetish, very powerfully charged instinctually, establishes the only link possible between those who share it. Racamier designates this link as a 'ligature' to underline the intensity of the attachment. The child thus becomes the memory of the parents' movements and the parents become the child's memory; and it has been observed that the more the primordial mimetic identification is intense, the stronger is the infantile amnesia.

For every child, even in adulthood, the parents' death induces a fresh upsurge of the primordial transference, of mimetic identification, and of the primitive apparatus of mastery owing to anxiety and the sense of having lost the unconscious image. An accentuation of certain 'movements' of the departed parent (in the voice, gestures) and the need to look at photos of them in order to maintain the memory of their lost image can often be observed in the child. The more the child is enclaved, the greater his difficulties will be to feel alive in a different space, and he will sometimes have to resort to somatization. For some, a skin disease succeeds in maintaining their image and their 'visibility': the skin disease known as lichen,²⁰¹ for example, is enough to *imprint* the bark of the inverted tree. Some children, who are more enclaved, develop a more serious pathology, such as cancer (primordial autolysis).

Abraham described in 1922²⁰² how, after a bereavement, there is a reactivation of the primitive apparatus of mastery over the instinctual and sexual impulses which culminate in the conception of a child. This process is only transformed into dreams if the enclaved child manages to negotiate the primal guilt for having survived. The dreamer is then either passive and expresses the fantasy of occupying the coffin in the place of the deceased parent, or active, in which case he carries out the murder himself. In these nightmares, psychotic patients sometimes appear as vampires who cut the the deceased parent's throat and drink their warm blood. For neurotic patients, the parent is devoured in their dreams like the 'exquisite corpse'

referred to by Maria Torok.²⁰³ The link with the murderous fantasy of primary narcissism *I am the witness to and accomplice of a murder committed that I have forgotten*. Having lost his unconscious image, the child can only survive by incorporating the 'exquisite corpse'. This incorporation allows him to master the loss and to concretize the primal fantasy of the inverted tree.

The fixation to the primordial transference and to a mimetic identification generates, in every transition from one state to another, annihilation-anxiety, and reactivates the primitive apparatus of mastery. Every new loss linked to a change is experienced as definitive and arouses death anxiety which is often expressed through dreams to do with teeth:²⁰⁴ they fall, they break, they come loose, as we saw with Sylviane.²⁰⁵ Through these dreams, the Subject succeeds in inscribing his experience in the time of the different phases of his life: on each occasion he loses the sense of having a body and his primitive phallus (the tooth), but he survives nonetheless.

IV. *Primordial Transference and Relations of mastery*

In a primordial transference, the psychoanalyst's presence is often denied, as was the case with Sylviane in the first phase of her treatment. But it is often his/her own presence that the patient denies. In this type of transference, with very diverse forms, the more the analyst keeps silent, the more the patient becomes dependent, and is obliged to decrypt and identify himself with his unconscious space and desire.

Patients find themselves in a position which they often describe as that of the little mouse with the snake, or the scorpion with the frog.²⁰⁶ In the position of the scorpion, the patient is terrified by his dependence on the frog; he cannot swim and is afraid of his own primordial violence. The analyst, embodied by the frog, must be able to carry him without letting himself be destroyed. During the analysis, in the slips and the dreams

of patients, it often happens that the analyst/frog changes into a tortoise. But after this phase in the treatment, we have seen that the only risk which persists for the scorpion, carried securely by the tortoise, is to not want to learn to swim...

In a primordial transference, the patient feels he exists in a fusional space with the analyst. Like the infant, he appropriates unconsciously everything he needs in the analyst, without being able either to recognize it or ask for it. It can be said of the analyst's work of construction and interpretation that it must succeed in making the patient move from relations of mastery and abduction to relations of demand and exchange. As the primordial tie of mastery is predominant at the outset, governed by the fantasy of *one life for two*, the patient feels obliged to *say everything* and *give everything* to the analyst so as to feel he exists and to have 'value'. With bulimic patients in particular, filling or emptying themselves compulsively is the only act which allows them to have a sense of mastery and existence in a body that is unrepresentable and without 'value'. Only identification with the analyst and the sacrifice of themselves and money can give them a living and positive narcissistic image. The risk for the analyst, who is caught up in the intensity of this transference and this narcissistic identification, is to prolong the analysis so as to continue to 'puff' himself up with the gift of money and narcissistic love of the patients, like the frog in the other fable, in order to heal his own narcissistic weaknesses.

In this sacrificial position and this economic dependency (either on the other, or on the bank, as we have seen with Sylviane), a sort of negative economy is established which implies a permanent perfusion;²⁰⁷ they cannot *have* money and continue to *be*, for want of an inscription in lack and desire. They live constantly in the *red*, or greatly exceed the credit allowed, endangering their lives and those of their close ones. In this masochistic pleasure, the analysis is also put in peril by compulsive acting out, and the analyst is placed in a sadistic position: 'I have bled myself to pay you!' In those cases, I resort to a surgical metaphor: I can't abandon them right in the middle

of the operation, and I invent a way of continuing the analysis with an acceptable 'slate'. The acceptance of a real debt towards the analyst is quite often a mark of progress in the analysis, even if the transference effects are sometimes difficult to contain and the 'slates' are transformed into life debts. In fact, the risk is to make myself an accomplice of the masochistic behaviour of patients. But I wonder if it is really possible to conduct these analyses successfully if there is not a high degree of personal involvement on the analyst's part.

To transform self-sacrifice into exchange, it is necessary to cut, to divide the fusional space into two equitable parts by applying the first intervention of the 'Law' or *Nomos* in ancient Greek (a word designating, etymologically, the sharing of territories). The step that leads to the alliance or to the relationship can only be taken thanks to the intervention of a third instance (the representatives of the gods or of God) who makes a cut in order to separate. In *Genesis*, to create the universe, God separated heaven from earth.²⁰⁸ When the father is unable to cut himself off unconsciously from the child's space, he cannot cut the child off either from the mother's body, nor submit him or himself to the Law and to the symbolic order of the living, namely the prohibition of cannibalism, murder, and incest. In this case, the parents, who are fixed with the child in a passionate relationship and not in a loving relationship can only give what they actually have; they cannot offer what they do not have (the loving relationship for Lacan²⁰⁹) since they lack nothing (they are not inscribed symbolically in loss and lack).

The passionate tie between parents and children, which makes symbolic inscription in the Law impossible, results in the persistence of a dissociation between the Law and its application. The taboo on incest is integrated at the conscious level, but the parents do not have, for example, any sense of touching or destroying *another person* in an incestuous relation with a child, because they feel they belong to the same body. Which results in statements like: 'I don't understand, I adore my daughter; she is the flesh of my flesh, I never force her to

have sexual relations; moreover, she seems to enjoy it, what do you have to say about that?' To pass from a fusional tie of mastery to a relationship with the other, in other words from passion to a loving relationship, it is necessary to feel that one is part of a relationship in which there is an exchange, having first gone through the fantasy of the primordial murder. To put it differently, it is necessary to pass from a 'rapprochement' of incorporation to a 'relationship' of imaginary incorporation.

To bring the 'enclaved' patient to this dimension of exchange, it is important to work throughout the analysis on the evolution of the primordial transference, that is, on the anxieties related to separations induced by the interruption of sessions, which are often passed over in silence as they are repressed on account of primal fantasies. I also think it is useful if the analyst speaks more, always underlining the subjective dimension of his constructions, and that from time to time he feels able to say what he feels during certain difficult phases of the analysis. In short, the analyst needs to shift from the initial position of a subject who is supposed to know and to exist to some extent so as to allow the very enclaved patient to construct himself with someone human, who can make mistakes, get angry, and who is not necessarily able to hear *everything*. This lessening of the analyst's neutrality permits the patient both to avoid an overly strong mimetic identification and, especially, to resolve the primordial transference more easily.

In my practice, the fact that I dared to propose patients the metaphor of the enclave and the inverted tree proved to be an excellent 'tool for thinking', preliminary to their spatio-temporal²¹⁰ construction (we saw this with Madame B., Moïses' mother²¹¹). This tool helps to conceive of a separation from the mother's body which is not deadly but which, on the contrary, enables the mother and child to feel alive *at the same time* in two different spaces. A schizophrenic patient gave my 'tool for thinking' the name '*clivette*',²¹² which, for him, is a garden tool used for cutting a bulb and making two cuttings from it. In botany, this process is called a 'separation'!

The structuring efficacy of the '*clivette*' is confirmed by the dreams that emerged immediately after his enunciation, dreams that participate in the organization of the functional relation and allow for the dissolution of the most troubling symptoms.

A clinical vignette will illustrate the structuring aspect of this tool. Stéphane came to see me for relational difficulties and a problem of sexual impotence. He was a student and had recently left his family home to live with a young woman. His first transference dream revealed his symptom: 'He was in a classroom and was called up to the blackboard by the teacher; he quickly calculated a very complicated equation. As he was writing, he broke the piece of chalk in two. He was then overtaken by an endless bout of giggling, while his teacher looked on stupefied.' Stéphane did not comment on this dream. We can see how his castration anxiety is expressed: if he exposes himself and makes himself visible in front of everyone (the others, the pupils, and the Other, the teacher) by appearing alive and sexual, with narcissistic pleasure in showing himself, he is destined to die and to be castrated (losing his primary phallus). The giggling translates the unbinding of libidinal energy, linked to the loss of the cannibalistic oral incorporation, a libidinal eruption that Karl Abraham described as a frequent phenomenon on the death of someone very close. Giggling sometimes occurs in some patients during sessions which precede the interruption for the summer holidays.

After two years of analysis, and after the enunciation of the metaphor of the inverted tree and primal fantasies, Stéphane brought a series of four dreams which allowed him to pass from a specular rapport to a functional relationship and thus to resolve his symptom:

THE FIRST DREAM

Stéphane was in his childhood country house. Behind barriers, some people, dressed like tourists, turned out to be mercenaries

who were attacking him. They were throwing grenades which Stéphane caught and threw back at them immediately.

Stéphane commented on this dream, saying that he couldn't imagine that such peaceful people could, without any reason, suddenly turn into ferocious enemies. At the same time he expressed his difficulty in recognizing peoples' attitude and intentions; generally, he tended to have confidence and trust in appearances, he said. I pointed out that, in this dream, he was barricaded in his childhood house, cut off from any contact with the outside world, but that in fact he managed to defend himself well even though he had been attacked by surprise. The exchange of grenades between Stéphane and the mercenaries took place like in a game of squash. The grenades rebounded off his hands as if they had been thrown against a wall.

Patients often speak about this impression of being like a surface which receives such powerful sensory impressions (words, looks, etc.) that they rebound like boomerangs. After this dream, Stéphane was able to tell himself that should be wary of others and their destructive impulses, in spite of their peaceful appearances.

THE SECOND DREAM

Stéphane was in his childhood school. There was a dangerous bear which had acquired a human appearance. Stéphane was on the alert and was trying with his classmates to work out a strategy to unmask it. For the moment, there was a state of panic, the remains of the bodies of devoured children were the only signs of its presence. Stéphane took up this dream at its manifest level. He was in his childhood school (a primary school, whose headmistress was his mother). He knew that there was a disguised bear that was devouring children. The remains of the corpses proved the reality of the crimes, and he thought about organizing an inquiry with his mates. Stéphane became aware that the primordial murder of his body had taken place because visible traces of it were visible to the analyst. He could now try to unmask the culprit.

THE THIRD DREAM

In this dream, Stéphane was a lawyer and had to defend his girlfriend who had committed a horrible crime. Everything in the file showed that she was guilty and he ventured to tell her that it was impossible to defend her. Stéphane made no comments on this dream. We can see that he is asserting his incapacity to make himself an accomplice to the primordial murder and refuses to plead for acquittal.

THE FOURTH DREAM

Stéphane found himself with others in a besieged tower block. They were being attacked from all sides by foreigners dressed like them. He was armed this time and, he said, could defend himself easily. He was able to recognize his enemies by their spatial position rather than by their appearance. Stéphane was quite pleased with his dream, and found he had nothing to add. In this dream he defends himself against the attacks because he is able to imagine them and so to anticipate them, and because he feels equal to his enemies because he has his own weapons. He manages to recognize his enemies by their external spatial position and not by their appearance as before. So he can feel alive in an interaction with others. This series of dreams cured him of his impotence and, nine months later, he became the father of a little daughter.

This clinical sequence marked a transition in his way forward. The work of construction and symbolic organization proved all the more complex in that the loss of the fusional image involves, as we have seen, feelings of despair and anxiety to do with losing his body definitively. The feelings of despair are sometimes terrifying when 'strange' phenomena occur temporarily during the analysis, such as the sense of having lost the specular image (they can no longer see themselves in a mirror) or again the impression of seeing oneself back to front. It is worth pointing out once again that, if the parents cannot imagine different movements for the child, he

will be unable to himself. So it is important in the treatments of enclaved patients that the analyst can 'see' the patient and imagine, throughout the treatment, him becoming the Subject of his desire and his actions. 'But psychologists,' writes Bachelard (1943), 'will try to understand, when what matters is to imagine.' As analysts, we assume that in all patients, even the most enclaved, there exists a Subject of speech and desire embodied in an autonomous body who is full of potential. This ethical position leads us to think and to construct with him a potential space-time (Winnicott) to extricate him from the *link-space* in which he has been confined and continues to confine himself.

V. *Liquidation of the Primordial Transference and Survival*

We have already seen, in the introduction, the importance of questions raised by patients towards the end of analysis: the sudden reactivation of old symptoms, the emergence of very violent negative transferences, and especially the maintenance of certain disorders in self perception, such as the denial of the Asiatic characteristics of the woman patient, cited at the beginning of the book, or the denial of pregnancy at the end of an analysis by another patient. These questions played a large part in my elaboration of the concept of enclave and that of the schema of the inverted tree.

In point of fact, my specific experience with bulimic patients has led me to think that the majority of very neurotic patients evade the end of the analysis and keep completely secret their unconscious enclave, like the little baby's handkerchief hidden at the bottom of a pocket of a firm-handed female managing director of a large company. The little handkerchief is the only concrete trace of the enclave and of the cohort of early traumas, often incestuous, which was still intact at the end of her first analysis. Bulimic patients express this problem clearly: 'I have come to see you after ten years of analysis, but I still feel

pregnant with my parents.’ Pregnancies towards the end of an analysis have the same meaning, moreover, that of denying the separation and maintaining the enclave.

It is thus conceivable that, for many patients who have experienced early traumas and very fusional ties with their parents, and even incestuous abuse from adults in a tutelary role (which is much more common than one would think), separating themselves unconsciously from the body of the primordial other and losing forever the gaze and presence of the analyst is too painful an ordeal, and even unthinkable or deadly. Consequently, it seems to me that a way of getting out of these impasses is to begin the analysis by taking into account the weight of these traumas and archaic processes by elaborating them rapidly.

The end of an analysis is a process close to primary castration. When analysands have gone through this process and achieved a symbolic integration of their functional space and their time, they can liquidate the transference without feeling it is too dangerous, and so cut the primordial tie of mastery that they have recreated with the analyst. The term ‘liquidating the transference’ refers to its phenomenological aspect and not to the affective tie of ‘familiarity’ which has been woven during the treatment and which will always remain intact and protected in the unconscious ‘crypt’ now emptied of tears. The liquidation of the transference is, moreover, often experienced as an explosion (as in Sylviane’s case) or a sort of annihilation followed by an almost melancholic or paranoiac movement: some analysts really experience the subjective collapse which had already taken place (Winnicott) and which had remained without mental representation. Indeed, this definitive interruption, which is sometimes very abrupt and experienced as if a part of oneself that has become oppressive and uncomfortable had been torn out, reactivates the primitive impulses, primal fantasies and also primal repression.

With regard to this, Freud (1937, p.227) wrote: ‘Thus the real achievement of analytic therapy would be the subsequent

correction of the original process of repression, a correction which puts an end to the dominance of the quantitative factor.’ The reactivation of primal repression which takes place, as we saw in the last chapter, after the primary castration with the ‘forgetting’ of the intensity of the primitive and sexual impulses of the primordial fusional tie, also occurs in the analytic experience. This subsequent correction of primal repression causes the phenomenon of amnesia, which has repercussions on the analytic process and arises in patients after the end of the analysis; it is comparable to the amnesia of early childhood.

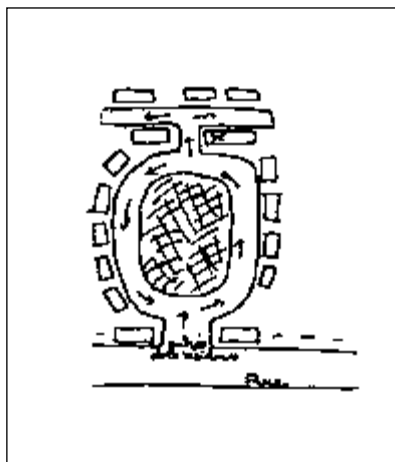
Going through the experience once again of this rupture of the primordial fusional tie, experiencing the sense of emptiness and feeling the power of the primal fantasies is a dramatic ordeal for many neurotic patients who are very lacking in symbolic images. Indeed, the sense of annihilation and the loss of the object of the transference repeat the experience undergone during the primal trauma, but this time, like in the wooden reel game, it is the analysands who masters the object of the transference and, through mastery, can destroy it and make it disappear. As we saw with Sylviane, some patients live this period of the end of the analysis as if it meant death and the disappearance of both protagonists, like the mother during childbirth and primitive castration.

Here is a clinical fragment which helped me to elaborate this process of traversing primal fantasies.

Marianne and the end of the analysis

For Marianne, the approaching end of her analysis provoked the same effect as was the case with Sylviane: unbearable invasive anxiety, a reactivation of early compulsion phobias and violent recriminations of me masked a serious depression and a great sense of despair. Her mother, who had been put into child care, always said that she had never had a mother, that she had no identity and thus no roots, and identified herself readily with an oak tree that has its roots in its daughters. In spite of her long

years of analysis with three different psychoanalysts, Marianne was incapable of imagining a separation which would leave both of us alive, and could not imagine herself really existing alone.



After the end of the analysis had been discussed, like Sylviane, she began to have deflagration dreams. One day, at my request, she drew a dream which I thought it would be interesting to visualize. Here is the drawing of the first dream:

‘It’s a block of residential homes. Some dynamite to destroy houses.

My parents were in one of them. The house, marked with a cross is mine, is outside the inner courtyard and safe.’ Marianne compared the residence in the dream with the one where she lived. The drawing reminded her of the feminine symbol and the maternal matrix. The explosion of her parents’ house brought associations in connection with the idea that they must die and disappear to allow their child to be born. In the dream Marianne depicts primitive castration: the fusional space-time is annihilated and she finds she is alive in the extra-bodily space of her parents.

Shortly after, she had a second dream. She was in a car, beside her mother who was driving. She got out in order to keep her a parking place. While doing this, she got a bullet in

her navel. She didn’t know whether it came from robbers or the police, but in any case she survived. Somewhat angry, Marianne commented on this dream: as usual, her mother is driving the car! She gets out to be helpful and gets a bullet by way of thanks. She didn’t see it coming and didn’t know whether it came from robbers or the police; basically she didn’t know what law she was transgressing. In the dream she is staging the first primary castration, or the primary murder of the father: she emerges from the fusional space and makes herself visible by occupying an empty space alone. In spite of the fear of being killed for having broken the family law and stolen something that wasn’t hers, she survives and continues to feel she exists.

A third dream followed in which she had an incisor missing, and was entrusting her elder sister, who also had an incisor missing, with a child lying in a cot, with no arms or legs. In her interpretation, she pointed out that her elder sister was a bit of a second mother for her and realized that, recently, she had often been having dreams in which she lost all her teeth. This, she said, was no doubt because she felt near to death, especially as she *had the impression that she was as old as her mother*. She seemed to accept the loss of the incisor as a necessary castration, as a sign of growth; and, moreover, her sister has also suffered the same thing. She entrusted her with a baby without arms or legs, with which she identified, and made a connection with the end of the analysis. She violently expressed her anger at finding herself after so many years in the same situation as at the outset, i.e. just as lacking in resources as before and still dependent on the analyst.

In this dream, the second primary castration is portrayed: she has lost forever the fusional mother of primordial mimetic identification, her primordial phallus (legs and feet), the fusional mother of primary incorporation, as well as her primitive phallus (the incisor) and her primary phallus (her hands) She finds herself without a fusional tie and, even if, in the dream, her sister-mother psychoanalyst has suffered the same cannibalistic oral castration as her, during this stage

she feels alone and mutilated because she is cut off from the fusional space.

Shortly after, she really had a problem with a tooth. The devitalization provoked a very intense pain and she became depressed. While she was able to conceive of the actual loss of the tooth, it was impossible for her to picture the annihilation of the living roots. The death of the primordial Mother, which had become unthinkable, aroused exquisite pain in her.²¹³ We have already seen this phenomenon with Charlie and the extraction of his 'mortified' molar at the end of his analysis: the sense of annihilation linked to the primitive castration which has not been symbolized can provoke, during primary castration, psychosomatic problems and pain that are necessary in order to inscribe the mnemonic trace of the primal loss.

At the end of this very difficult phase, which lasted for several months, Marianne had a fourth dream in which she was emerging with difficulty from the deep roots of a huge oak tree by the roadside. She was still below the road when a dentist passed by and, since he couldn't hear her cries, he could not see her. In spite of that she still felt alive. She interpreted her dream as the expression of her anger about my indifference about what she had been going through for such a long time. With this dream, Marianne goes through the last primary castration: she comes out of the earth and roots of the inverted tree and accedes to consciousness and life. Even if the analyst, as the primordial Other, can no longer hear or see her, *while remaining alive*, she feels that she really exists while being 'alone'. This dream led to a reduction of her symptoms and pain. She was able to take charge of her life again and continue on her way alone.

At the end of an analysis, the patient makes the analyst disappear. The latter must accept to annihilate himself as a support for the patient's functional image, like the mother after the last primary castration. The analysand can then link up his desire with the intentionality of his acts by integrating his 'vertical' (the upright position after years on the couch) and the time of his speech with his actions in a body that now has

weight. Put another way, he can leave his initial position of living dead and fully assume his presence, his survival instincts and his sense of actually existing while being from now on 'alone'.

One can say that primary castration is the process which allows patients, at the end of their analysis, both to inscribe themselves in their sense of actually existing and to elaborate the liquidation of the primordial transference and the separation with the analyst as a separation which occurs between two living people.

This is how a patient, who was a pianist, and was unaware of my origins, concluded her analysis: For a few months now, I have been trying very hard to adapt to hands a Hungarian dance by Brahms which I like very much, and which he composed for four hands. It's a very difficult exercise. But today, I am finally able to play it with two hands, alone, with a lot of pleasure, even if not brilliantly.'

The end of analysis and the primal fantasies also reactivate guilt for being a survivor who is responsible for the primordial murder. The short clinical fragment concerning Gabriel will illustrate these dynamics.

Gabriel: the exterminating angel

Gabriel, a young research worker of about 30 years old, came to see me because the project of having a child with his girlfriend made him feel deeply anxious. They had been together for years and she didn't want to wait any longer.

Gabriel was born, after the war, of a mother who had survived the concentration camps and a father who had served for years in the Foreign Legion. He was nine when his mother got divorced; she went abroad and remarried soon after. Gabriel lived shut up in a hotel room with a tormented and very authoritarian father. He was completely inhabited by the experience his mother had been through in the camps: the trauma, the torments and pain never formulated constituted for him his origin, his childhood

and his history. The only feeling that his mother had been able to formulate was one of guilt for having survived, whereas her father, who had been deported with her, had perished.

Gabriel had huge difficulties in expressing his suffering: 'I don't want to impose my dirty washing on you.' He was only able to approach his relationship with his mother and his fusional difficulties through an identification with Ange Duroc, the patient Serge Leclair (1983) speaks about in his book *Démasquer le réel*. During his long analysis, he brought no dreams, being too fixed to the primal traumas. But two recurrent nightmares had tormented him during his childhood.

In the first, he was completely bogged down in a sort of yellowish magma which was suffocating and enveloping him. At the time, owing to his Rumanian origins, I had associated to *mamaliga*, a Rumanian term which designates a popular dish made of corn purée, but whose signifier can evoke the 'link-ligature' with the mother of which P.-C. Racamier speaks.

In the second dream, he saw himself biting and swallowing his father's rotting thigh. His only way of approaching this nightmare, which was made even more intolerable by his violent relations with his father, was to identify with Chronos and to invest himself, with great pleasure, in the study of Greek mythology. In his nightmare, one can see his fixation to the cannibalistic incorporation both of the primordial father, Chronos, and of the primary father, Zeus (whose thigh contained Dionysius). This mimetic identification with the time and space of the primordial Other and with the primal fantasies brought about a serious feeding phobia in him: the phobia of blood, of everything that is red, including meat and even red chalk for drawing. This distaste for food sometimes led to anorexic behaviour. His horror of the body went a long way and one day, he expressed it clearly through a strange phrase, formulated very quickly and without breaks '*j'aisaucisssonéunehistoiredeparolé*', which I heard as a holophrase expressing his negation of the body: '*je, ceci ce n'est qu'une histoire de parole*' (I, this is nothing

but a matter of speech). The presence of this holophrase reveals a trace of the unconscious enclave.

Gabriel's analysis was a traversal of dark regions, fragmented by long absences and very silent returns, a veritable wooden reel game and testing of my capacity to wait for him and to welcome him each time he returned. The permanence of primal fantasies and his guilt for surviving, reactivated by a very traumatic experience, was very acute. He had not seen his mother for years, in fact until a half-sister was born when he was already an adult. This turned out to be the last time because, a few months later, she was struck down by cancer. He had been on bad terms with his father for a long time, but, after a few years of analysis, he felt ready to forgive him and arranged to see him. Meeting up again was a very intense moment, but he also was now terminally ill from cancer and died in the following weeks. Gabriel's sense of guilt for surviving by killing the parental other was necessarily just as strong as ever. Yet he only expressed this fantasy during the last session: he had only been able to really invest himself in the analysis after a few weeks, when he no longer met the same patient in the waiting room. A few days later, he saw this patient in another area, looking in good shape. The fact that we had both survived this test, he told me during our last meeting, had enabled him to commit himself to the analysis. At the time, it was impossible for him to finish the analysis while remaining alive and without causing my death.

Clay sculpture by Tamara Landau



By way of conclusion

In this book, I have tried to elaborate the ontogenetic process of the inverted tree and of the enclave on the basis of my clinical experience. I think that these concepts help us to understand, from the very beginning, the primordial transference and the archaic elements present in the treatments of neurotics and to hear better the distress linked to their sense of not really existing.

Throughout this book, we have seen how the parents' – the mother's in particular – negation of the real existence of the child fixes the child in the schema of the inverted tree, in a sense of invisibility. Indeed, when the parents are totally identified with the child, they forget him (or her) in their unconscious space and expect no more of him, as if he were not yet born or was already dead. This is the origin all the pathologies of narcissism, which are as many 'illnesses of inexistence'. The child, imprisoned in a fusional tie of mastery, which leaves him with a very weak survival instinct, is obliged to live hidden underground, in the roots of the inverted tree, like a living dead. Beyond a deep sense of unreality throughout his whole life, the child-ghost will be overwhelmed by shame and guilt for being an incestuous survivor, having escaped unduly from the primordial murder and the Law. We all have to deal with this unconscious guilt when our parents die, and more particularly when the father dies. In Freud's work, it appears in the dream 'You are requested to close the eyes', which follows the death of his father²¹⁴: 'The dream thus stems from the inclination to self-reproach that regularly sets in among the survivors.'

The primal fantasy of *being a guilty survivor* is the same as that expressed by concentration camp survivors, which end in suicide for some of them. Bruno Bettelheim, for instance, committed suicide, even though he firmly believed in life and fought bitterly for thirty years to unearth and give life again to all his young patients ‘forgotten from memory’. He was the first psychoanalyst to compare the problem of the deported linked to survival with that of psychotic and autistic children. The deported, like children, were supposed to continue to believe that they were neither forgotten nor abandoned, so as to maintain a sufficient instinct for survival to give the ego the energy it needed. This hope preserved the capacity to have human relations with others. Bettelheim (1979, p.104) cites the poem *Il y avait de la terre en eux*, which Paul Celan, the sole survivor of his family, had written for the sake of memory:

“*Oh you dig and I dig, and I dig myself towards you, and on our finger the ring awakes us.*”

“If, with empathy and compassion, we dig towards those who have so completely given up all hope that “there is earth in them”, this will bind us together (as the ring does in betrothal) and we both will awaken: they from their living death; we from apathy to their suffering.”

Like Bettelheim, I think it is essential to dig deep in search of the instincts of self-preservation and the living body of the enclaved child in order to bring him back to life and consciousness, especially as he is often, in very adapted neuroses, deeply buried underground.

Post scriptum

I would like to add that both my forenames are of biblical origin.

Once stripped of the privative alphas, they expose the full texture and their living roots: in Hebrew, Tamara means ‘palm tree’ and Eva ‘who breathes life into’.

Glossary

I. NOTIONS OF NEUROPHYSIOLOGY

Algesthetic: Term denoting painful sensations of a sudden character, of functional origin.

Coenesthetic: Term denoting sensations of well-being, malaise or fatigue which supply information about the state of the organs

Bodily space and extra-bodily space: We can consider that our actions take place at the same time in different spaces: a personal space, and an extra-bodily space. Each of these spaces is articulated in several sub-spaces providing different reference points.

Personal space is constituted by an egocentred space. It is perceived by the internal senses, in the large sense of the term (the five senses, the muscular sense, the sense of verticality, etc.) localized within the limits of one's own body. The problem is that one's own body can be perceived as an *external object*, through vision, for example: 'The hand that I can see is not necessarily my hand!' Moreover, perception of one's own body can occur, even *in the absence of this body*, as is the case for phantom limbs which reveal the existence of internal models of the body independent of its presence.

The space of perception is also divided into intra-oral and peri-oral spaces (very important during the first months of life). To summarize A. Berthoz (1997) writes: 'The brain makes hypotheses about the world that it uses to construct internal models of reality.'

Exteroceptive: Term denoting a sensation received on the surface of the body (tactile or thermic sensation, for example).

Intention of movement: To make a spatio-temporal decision of perception, 'visual' attention (one can 'see' with the skin, or with the

belly) has to be shifted from one area of space to another. This very complex and multisensorial phenomenon, organized by the psychical apparatus, makes it possible to coordinate the subject's desire and the unconscious fantasies with the time of all the possible actions in the different spaces. The mechanism of attention is very complex and allows for the preparation of the action and the orientation of the eyes.

Interoceptive: Term denoting a sensation received within the organism (visceral, for example.)

Kinesthetic: Term denoting a sensation which gives information about muscular contractions, the movements executed, the effort furnished and the situation occupied at each instant by the limbs.

Internal model: Organization of all the possible actions.

Pallesthetic: Term denoting a sensation aroused by a vibration.

Perception and 'body states': 'Perceiving something means always acting on something that one perceives. Perception is already an action. Each gesture translates, externalizes and inscribes a perception' (K. Dubois). All sensory information is transformed by the brain into action. Since the discovery of sensory captors, we can no longer regard perception as an action linked to consciousness nor as a pure 'representation' of a thing perceived in external reality. The whole question of *the inside* and *the outside* becomes very complex. Indeed, we can no longer say like Freud (in 'Negation', 1925, p. 237) that 'what is unreal, merely a presentation and subjective, is only internal; what is real is also there *outside*'. Every psychic representation is real and corresponds to the subjective construction of the perceived object through the unconscious reproduction of the modifications felt in the organism in the interaction. Reality-testing depends on attention and the function of judgement, which will take the perceptual decision depending on whether the perceived object is situated in one's own body space or in extra-bodily space (that is, whether the direction of the movements goes from the inside to the outside or vice versa). In fact, we only speak about our bodies in terms of states or sensations which follow one another, for example 'to feel down', 'to be in love', etc. In *La Valeur de la Science*, Poincaré (1905) had the intuition that in order to form a picture of our body state, our sensations, our affects, it was necessary to create a rapport between one's own position in space and the image of an external object localized in the same space. Situating an object in some point or other of space thus means imagining the muscular movements necessary for

reaching it. Einstein, moreover, had used the term 'muscular images' to define the sensations he felt when he managed to resolve very complex problems. It may thus be suggested that for reality-testing 'the muscular sense' is the only reference frame which marks the difference between the memory, the hallucination, the fantasy and the actual perception of the object in consciousness. Given that the visual image, as a space of representation, is always in two dimensions, width and height, our brain must adapt the image of the object to a geometrical space in three dimensions subject to the laws of physics and gravity. To perceive oneself in movement, it is thus necessary to integrate subjectively the image of the object with the time of the actions accomplished through egocentric and allocentric reference frames linked to weight and gravity. According to A. Berthoz, vision and touch cannot give the sense of space and the feeling of belonging to one's own body without the 'muscular sense'. He writes: 'Perception is not a representation: it is an action simulated and projected onto the world.'

Proprioception: Knowledge of the parts of the body, of their position and their movement in space, without the individual needing to check with his eyes.

Proprioceptive: Generic term covering sensations originating in muscles, bones, tendons or joints.

Egocentric and allocentric reference frames: we have the possibility of representing objects in space to ourselves in different ways. The egocentric way consists, for example, of estimating the distance of objects in relation to our body. A second way, allocentric, consists in using the relations of objects between themselves in relation to a reference point external to our body. The memory of space is multisensorial and gravity, which is a natural and constant allocentric reference frame in magnitude and direction, is the reference frame that is necessary for organizing the coordination of movements made in space-time in four dimensions (of which three are spatial and one temporal).

Bodily schema: The bodily schema is the organization of the control of equilibrium, vertical posture, and the coordination of the movements and perception of the body). There are different means for representing the body to oneself:

1. Organization of the semantic or lexical information concerning the different parts of the body.

2. A visual and spatial representation of one's own body in relation to the objects of the environment.
3. A single reference based on a bodily schema.
4. The movements themselves which organize an internal model of perception. (Drawn from Berthoz (1997), *Le sens du mouvement, ibid.*)

Sensations or impressions: Certain parts of the nervous system have the property of receiving, transmitting or perceiving impressions. These impressions, called internal sensibilities, can be proprioceptive, interoceptive, exteroceptive, somesthetic, pallesthetic, kinesthetic, coenesthetic or algesthetic.

Somesthetic: Generic term denoting sensibilities to the diverse excitations affecting the body, with the exception of those coming from the sensory organs. It includes proprioceptive, exteroceptive and algesthetic sensations.

Subjective vertical: Equilibrium can be defined as the stable state of posture at a given moment. Equilibration or balancing is the active process which makes balance possible, controlled by the postural reactions which are designed to maintain the projection on the ground of the centre of gravity at the centre of the basis of sustentation.

The 'sense of the vertical' is the perception, probably innate for man (idiotropic vector), of the sense of space and the vertical axis of the body, the necessary basis for constituting a bodily schema. The vertical is called 'subjective' because it is the result of that perceived by the receptors measuring gravity (otoliths) and the innate vertical axis (idiotropic vector).

Vision of space and movement: Aptitude of the eye in a given position for perceiving the range of physical space while objects are fixed or mobile.

Vision is the main sense responsible for orientation, the one to which we turn when we cannot rely on the others. Vision is useful for orientation in two ways. First, foveal central vision and focusing make it possible to recognize objects. Second, peripheral vision, which is less precise, is useful for general orientation and is directly linked to the vestibular function.

II. SOME PSYCHOANALYTIC TERMS

other (*autre*): The partner of the functional relationship.

Other (*Autre*): The parents, the mother in particular, as the locus of language, emotions, and the coordination of the signifiers and the time of the child's action after birth.

Primordial other: The mother during pregnancy.

Primordial Other: The primordial fusional object formed by the grandmother and the mother as the primal locus of language, emotions, and the coordination of the signifiers and the time of the child's action after birth.

Bodily space: Symbolic projection of the body image in the continuum of space-time.

Imaginary space: The subject's capacity to think, 'see', imagine, project, associate, fantasize in the waking state (in conscious time).

Fantasy: The Subject's imaginary construction of his emotional, instinctual and sexual relation to the object. Fantasy is expressed by an image, as its etymology suggests: the term comes from the Greek *fantasma* which means 'vision, dream, image offered to the mind by an object'. The fantasy can be primal (phylogenetic in nature), unconscious and linked to dreams (of ontogenetic nature), or preconscious (linked to experience lived in conscious time).

Foreclosure: In the Lacanian sense. The term comes from 'exclusion', used in law and reintroduced by Lacan to translate the Freud's *Verwerfung* (rejection) in relation with psychosis. This term indicates the rejection of the primordial signifier outside the symbolic space-time of the Subject.

Functional image: Four-dimensional image which links the unconscious intentionality, the emotions and the desire of the Subject who speaks in the real time of the action that he is carrying out (preconscious intentionality) and in the conscious time of the one who is listening.

Unconscious image: Image connecting the signifiers and desire of the Subject to his emotions and to the time of the unconscious intentionality of all the actions he carries out.

Symbolic image: Bidimensional specular image which links the signifiers, desire and emotions of the Subject who is listening to the signifiers and to the real time of the action of the one who is speaking.

Fusional tie: A tie that is still fixed to foetal experience with the mother, in primordial unity.

Primordial object of survival: Blood.

Primordial instinctual object: Spermatozoid.

Primordial: Adjective used for everything that occurs before birth.

Fusional schema: The term schema emphasizes the static and dependent aspect of the Subject who is still linked to primordial unity.

Functional schema: Organization of the topological relations linking words to all possible actions.

Signifiers: In the Lacanian sense of a primitive system of signifiers, primitive symbolic images, synchronic with perceptual signs, which structure the Subject and represent him. In my hypothesis, the signifiers are from the outset integrated with space-time and their coordination determines the unconscious representation of the Subject's bodily space.

Mirror stage: According to Jacques Lacan, owing to 'specular alienation', the mirror experience determines the acquisition by the *infans* of a *purely imaginary* bidimensional representation of ego unity. According to my hypothesis, the mirror stage (which I call primary Mirroring) is a psycho-ontogenetic process (imaginary and real) during which the child, thanks to the symbolic images and the touch of the parents' 'vision', progressively acquires the sense of having a body which belongs to him in a structured functional unity in four dimensions (of which three are spatial and one temporal).

Transference: Phenomenon which is reproduced systematically in the patient-psychoanalyst relationship within the space-time of the treatment: the patient projects his affects and his unconscious and specular image onto the analyst who will embody his functional image in the relation of love and hate that he previously had with his parents.

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Endnotes

Introduction

1. Someone who has the specific responsibility for helping the actor follow the director's instructions step by step.

2. I use the term 'primordial other' (in the lower case) to refer to the mother during pregnancy. The fantasy of the fusional body refers, as we shall see, to the experience of the foetus, to primordial unity.

3. I am referring of course here to the expression made famous by D.W. Winnicott's (1958) article, 'The capacity to be alone'.

4. Freud (1895a, p.228) compares the relations between conscious and unconscious ideas to those 'of a tree with its trunk in daylight and its roots in darkness'. Françoise Dolto (1977, pp. 119-120) also wrote: 'Trees in children's drawings have the function of representing the image of the child's visceral body'. The metaphor of the tree designating man can be found in the Bible (Deuteronomy 20, 19) and the dialectical metaphor of the 'inverted tree', with its roots in heaven, in the pages of the Beer Hagola by the Maharal of Prague (Neher, 1987).

5. The verb 'enclave' (enclaver) stems from the Latin inclavare which means 'to shut with a key'. Subsequently, it acquired the sense of 'enclosing one portion of territory within a larger territory'. In analysis, dreams in which analysts search very anxiously for a key they have lost are common; they find themselves trapped or confined either outside or inside a very menacing 'place'.

6. I have of course changed the first names of the patients and all the details which would make them recognizable in the clinical fragments. Photos of the artistic works of patients and artists who have contributed to the elaboration of this book can be seen on my internet site (tamara-landau.net).

Part One

Chapter 1: TRANSFERENCE, SELF-PERCEPTION
AND THE SENSE OF EXISTING

7. One finds this type of compulsive behaviour with television addicts. This new form of bulimic addiction, which involves a sort of forced-feeding of images and food, also seems to correspond to a loss of awareness of the bodily self, even if it seems less specific than bulimia in its strict sense.

8. Italo Calvino, *Le Baron perché*, Seuil, Paris, 2002.

9. Translator's note: a former French Interior Minister in the 1990's.

10. During this work I also met Odile Rouquet, a kinesiologist (researcher in the field of movement) who has introduced a new approach to movement. She is the author of *De la tête aux pieds*, Éditions Recherche en mouvement, Paris, 1991.

11. Kitsou Dubois has written a doctoral thesis in Aesthetics, Sciences et Technologies des Arts: *Application des techniques de la danse à l'entraînement du vol en apesanteur*, Paris VIII, 1999.

12. Referentials are the means used by the brain to measure the perception of the body in space and time.

13. The terms 'fluid' and fluidity' were introduced by Mesmer. He had connected the notion of animal magnetism to the transport of a substance between the stars. Fluid for him was as concrete and 'tangible' as the action of a magnet. See Léon Chertok and R. Saussure (1973, p. 19ff).

14. The gaze depends on the position of the eyes in the eye-socket, and also on the choice of vision and attention that is used for executing the movements (cf. K. Dubois' thesis). There are two types of vision: foveal vision, which takes its bearings from the environment, is an allocentric vision which we will call 'external' vision. Peripheral vision, more archaic from the phylogenetic standpoint, which takes its bearings from its own referentials, is an egocentric vision which we will call 'internal' vision.

15. Mittelstaedt, H. (1988). (See K. Dubois' thesis).

16. Term defined by A. Berthoz, 1997, pp. 83-84). Spatial negligence is a perceptual error of space resulting from a lack of sensory information. There are also motor forms of negligence, which consist in not making use of a member even though one's motor functioning is intact (one can suppose that it is motor forms of negligence that are at work during hysterical paralyses).

17. 'Muscular sense' can be defined as the organisation of multisensorial, visual proprioceptive perception of the muscular movements accomplished in relation to weight and the earth's gravity. (cf. Berthoz, 1997)

18. Henceforth, I will use the term 'vector', in the mathematical sense, to liken the trajectory of the movements to that of a straight line having an origin, an aim and a direction and, in the physical sense, to denote the intensity of energy used before and during the action.

19. Vertical axis in man in the upright position.

20. For Pierre Janet, mirror imitation and the lightness defying the laws of gravity are two criteria that characterise the state of hypnotic catalepsy. Cf. Pierre Janet's (1889) doctoral thesis 'L'Automatisme psychologique' (Psychological Automatism), Société P. Janet, Paris, 1973, p. 37ff.

21. In this connection A.R. Damasio (1999) writes: 'Regarding emotion and attention, the rationale for the functional overlap would be as follows. Emotion is critical for the appropriate direction of attention since it provides an automated signal about the organism's past experience with given objects' (See *The Feeling of What Happens*, p. 273).

22. Boris Cyrulnik (1997, p.160) writes: 'It is not uncommon in neuropsychology to observe subjects suffering from optical aphasia: an occipital lesion [...]. The patient can neither name nor designate by a gesture the object that he sees correctly. He only has to touch the object or simply to mime its utilisation in order to suddenly become capable again of articulating the adequate word'.

23. We may suppose that this 'time interval' is due to the dissociation operated before during the 'transference' and to the present integration of the vectors of the movements in another specific place in the brain.

24. The imaginary space of the Subject is for me his capacity to see, think, project, imagine, associate, and fantasize in the waking state. Moreover, 'seeing' and 'having ideas' have the same etymological origin in ancient Greek: *idein*.

25. The term 'schema' signifies etymologically 'being in a certain state' and 'having' (from the Greek *skhema*, *skhein*). It then took on a wider meaning of 'geometrical figure' (from the Latin *schema*) giving a simplified and functional representation of the object. One thus observes the original imbrication, at the semantic level, of the topological structuring of the subject and the object. The terms *schema* and *representation* can also be understood in Kant's sense in *The Critique of Pure Reason*: the *schema* as a mixture of empirical and transcendental, and the *representation* as *Vorstellung*, that is, as the faculty for having representations owing to the way in which objects affect us.

26. See A. Berthoz, *Le sens du mouvement*, *ibid*.

27. As Antonio Damasio describes in *Descartes' Error* (1994, p.106): 'But what that statement misses is the fact that both words and arbitrary

symbols are based on topographically organized representations and can become images’.

28. The only ‘unconscious representation’ of time could be a simultaneous or synchronic conception of a spatial nature as in quantum physics. C.J. Jung wrote as early as 1952: ‘Synchronistic events rest on the simultaneous occurrence of two different psychic states’. (‘Synchronicity: an acausal connecting principle’, *Collected Works*, vol 8).

29. Innately owing to the division of the brain into two hemispheres.

30. A. Berthoz speaks of the phenomenon of inversion of perception when there is no concordance between the intensity of the stimulations and the hypotheses made by the brain, or when the intensity of the stimulations is much stronger. (See Berthoz, 1997, p. 61).

31. M. Merleau-Ponty, *La Nature, notes*, cours du collège de France, 1995, Seuil, Paris.

32. The etymology of the verb ‘to say’ being ‘to show’ from the root i.e. deik, dik.

33. As Maurice Borgel (1999) writes in his article ‘Traumatisme et atemporalité’: ‘Jérôme literally ‘occupied’ me during the first weeks of the treatment, occupied in the sense that one speaks of the military occupation of a territory: his presence reawakened in me my old back pains’.

34. Clinical experience (for example, the sudden emergence, during analysis, of songs heard during the first months of life) has led me to think that the child, during his foetal life, already has an unconscious inscription of the mother’s language, which he represses a few months after birth and which he relearns and structures subsequently in the time of consciousness into a formal linguistic system. Françoise Dolto had this intuition and she spoke directly to suffering babies as early as 1940.

35. Freud, unlike Janet, left to one side the physical aspect of the direction of the movements in the transference but, on the contrary, he raises the question of the direction of paths in dreams: turning right, is the right direction, that of love and success; turning left is the direction of crime, incest, and perversion. (See chapter 6 of *The Interpretation of Dreams*, S.E. 4-5.)

36. It is necessary to distinguish between the transference based on love and the passionate transference. In the latter, the intensity of the primordial transference—that is, linked to sensations felt during intrauterine life—fixes the relation to the analyst in a fusional and incestuous archaic tie. This passionate transference is most often met with in women. Perhaps they are more inclined towards a passionate transference, and towards the

very transference phenomenon itself, because they are more biologically ‘enclaved’ in their mother’s body.

37. H. Oppenheim-Gluckman (1996, p.46) writes: ‘[On awaking from a coma] the creation of a double permits the subject threatened in his existence and in his identity to attribute to the double the sense of existence that he no longer feels capable of bearing or the realisation of wishes that he himself can no longer realise’.

38. ‘It was not until a language of abstract thought had been developed, that is to say, not until the sensory residues of verbal presentations had been linked to the internal processes, that the latter themselves gradually became capable of being perceived.’ *Totem and Taboo*, S.E. 1913, p. 64.

39. In *L’ensorcellement*, *ibid.*, p.154, Boris Cyrulnik writes: ‘The function of “touch” begins to operate from the seventh week of the foetus’ development ... it is through a mechanical perception of the receptors of touch and vibration that an organism establishes its first communication with the world. All the mechanical information of touching, speaking and caressing converge towards the point which, on the human cortex, gathers together the perceptions and the motor orders linked to the mouth and the hand’. Perhaps this is why writing and plastic expression are more direct means of communication for unconscious representations which cannot be verbalised.

40. Freud’s term ‘Aufhebung’ or ‘Auflösung’ had already been used by Puységur on the subject of hypnosis. The latter had noticed the ‘liquidation’ of the magnetic rapport with his cured patients: once cured, they could no longer be magnetized (see Chertok, L. and Saussure, R., *Naissance du psychanalyste*, *ibid.* In fact, ‘liquidation’ is the French translation, introduced by Lagache in 1952, while the Standard Edition usually refers to ‘resolution’ or ‘removal’ (see Freud 1912a: 118 or 1912: 105)

41. In *Relativity. The Special and General Theory* (1920), Einstein developed the idea that in the physical universe each phenomenon generates its own space and time.

42. ‘Meanwhile we must not fail to observe that the existence of infantile amnesia provides a new point of comparison between the mental states of children and psychoneurotics’, writes Freud in the *Three Essays*, 1905b, p. 175.

43. See note 31.

44. This concept of ‘link-word’ is used by H. Oppenheim-Gluckman (1996, p. 41) in connection with subjects coming out of a coma: ‘Link-words either appear as fundamental signifiers which attach the subject to his personal and familial history, or translate the subject’s efforts to preserve

his psychic continuity, to make a link between his history and the current situation’.

45. The crisis of comital absence is a perverse scenario determined by an overly intense scopophilic pleasure connected with being seen as someone who really exists, and by the concomitant castration anxiety which brings about a sudden fall in attention and a regression to the unconscious schema.

46. Film by Franco Brusati, 1974.

47. When the lack of symbolic images (preconscious) is too great in a child and he is split off from his functional images (conscious), he remains so enclaved in the unconscious images of his parents (especially the mother) that the sole means he has of imagining how to break with this fusional link or tie of ascendancy is to kill this parental other or to wait for his/her death. This second possibility, fortunately the more frequent one, throws a different light on the blossoming of many patients after the death of their fusional parents.

48. This sort of amnesia is very surprising. In 1980, during a training course in a Chicago clinic, I attended a presentation of cases designated as ‘multiple personalities’. The patients presented similar amnesias among the different characters they personified.

49. This phenomenon of mimetic identification (cf. the awful crime of the young man who identified himself with the protagonist of the horror film ‘Scream’ and stabbed his girlfriend to death) is on the rise today. Children are increasingly confronted with computers and with television images. Concentrating on images produces a hypnotic and addictive effect which weakens the sense of existing and encourages mimetic identification owing to the weakening of the Subject’s capacity to project himself and to imagine things himself. Many adolescents, deprived of exchanges with adults, continue to think, like small children, that televised characters are real (that they can see, hear, etc). From there, it is not such a big step to thinking that killing is the equivalent of zapping, i.e., that one can get rid of someone and bring him back to life when one wants, as the young murderer said to the journalists.

50. This identification with the tortoise and the recurrent sensation in neurotic patients of seeing themselves inside a rigid shell might correspond to an unconscious fixation to an archaic stage from the philo-ontogenetic point of view. The development of ‘cerebral blisters’ in eight-week-old embryos resembles strangely those of a six-week-old tortoise, according to Haeckel, 1874. See Jean-Pierre Changeux, *L’Homme neuronal*, 1999, Hachette, Paris, p. 317.

51. See note 36 above.

52. The adjective ‘primordial’ refers in each case to the fusional body, to the time before birth.

53. The etymology of the word ‘fœtus’ comes from the root i.e. *dhe* which means ‘to suck’. From the same root are derived the Latin words *fedina* which means woman, *felare* which means ‘to suck at the breast’, and *feta* which means ‘to be pregnant’. Semantically, from the start there is a process of incorporation of energy and of identification at work between the mother and the foetus. The girl becomes a woman if she is ‘pregnant’ and sucks the energy of the foetus, and the foetus becomes the mother if it sucks her energy, like communicating vessels.

54. See the section ‘Transference and the sense of really existing’, chapter 1, p. 45.

55. See introduction, p. 13.

Chapter 2: CONSTITUTION OF THE SCHEMA OF THE INVERTED TREE OR OF THE CHILD’S SELF-PERCEPTION

56. It will be noticed that there is a correspondence between the unconscious fusional schema and the unconscious bodily schema, as well as between the preconscious fusional schema and the preconscious bodily schema (see Table 1, p. 42). The term ‘fusional’ indicates the primordial rapport mother-foetus.

57. Following the teaching of Giséla Pankow, I was already using modelling clay in therapies with schizophrenic patients.

58. See Chapter 1, p. 65.

59. See Chapter 1, note 16.

60. Translator’s note: ‘je(u)’ en miroir word play on Je (I) and jeu (play) in a mirror reflection.

61. See Chapter 1, p. 72.

62. This transference was described at the end of the last chapter, p. 66, with the case of Claude. See also Chapter 1, note 36

63. Anticipate, here, means formulating to patients that working on the fusional tie necessarily induces, in both protagonists, strong anxieties of abandonment and death. Anticipating these anxieties makes it possible to elaborate them and to accompany the change with the other person in the couple.

64. See the Oriental fable: the scorpion wanted to cross a river and, being unable to swim, asked a frog to carry it across on its back. The frog refuses, protesting its fear of being stung. The scorpion reassures the frog: ‘If

I sting you, you will die, and I will drown with you!' In the middle, the frog feels a terrible pain and the scorpion, having stung it, exclaims: 'I couldn't help myself. It's my nature!'

65. The idea that an autistic functioning of the body can provoke somatic manifestations has already been advanced by Joyce McDougall in chapter 10 of *Theatres of the Body: A Psychoanalytic Approach to Psychosomatic Illness*, 1989, Norton, New York. She says indeed that patients who somatise suffer from an impossibility of individuation due to the fantasy of having a 'monster-body' non-separated from their mother.

66. The theory of epigenesis by means of selective stabilisation was elaborated by Jean-Pierre Changeux in the 1970's. According to this theory, immediately after birth, the baby's brain is marked by a singular imprint. An individual – epigenetic – variation of the organisation of the neuronal and synaptic configurations is superimposed on the genetic transmission. See J.-P. Changeux (1999), *ibid.*

Part Two

Chapter 1: PRIMORDIAL IMPRINTING AND CONSTITUTING THE SENSE OF EXISTENCE

67. Joyce McDougall (1995) also thinks that prenatal exchanges, along with the imprinting of the unconscious of both parents, structure the body-psyche of the foetus. See *The Many Faces of Eros*, Free Association Books, London.

68. Reference to the process of epigenesis (see Part 1, chapter 2, note 66).

69. Freud (1923, p.38) wrote : 'The experiences of the ego seem at first to be lost for inheritance; but, when they have been repeated often enough and with sufficient strength in many individuals in successive generations, they transform themselves, so to say, into experiences of the id, the impressions of which are preserved by heredity.'

70. See the unconscious and preconscious fusional schema of Malka's sculptures 1 and 2, Chapter 2, pp.79. Ferenczi had already evoked the idea of a biological model at the origin of the formation of the superego (see Chapter 2. p.85).

71. What is involved is a functional retroaction that leads to a change in the internal model of reference.

72. What is involved is a functional retroaction that leads to a change in the internal model of reference.

73. Cyrulnik, B., *L'Ensorcellement*, *ibid.*, p. 152.

74. B. Cylrulnik (2000, p.68) says that ultra sound scans identify this interaction even earlier, for instance, through the appearance of hiccups in the foetus of only a few weeks when the mother is excited or agitated.

75. Danièle Pomey-Rey, a dermatologist and psychoanalyst, has also encountered this interaction in her clinical experience. See *La Peau et ses États d'âme*, 1999, Hachette, Paris.

76. In *La Peau et ses États d'âme*, *ibid.*, Danièle Pomey-Rey writes: 'The more we eat, the more we burn calories, and the more this combustion alters our cells and leads to the appearance of degenerative illnesses.' (cf. Jean-Paul Curtay & Thierry Souccar, *Le programme de longue vie, de la science à l'alimentation*, 1999, Seuil, Paris).

77. Françoise Dolto (1984, p.49ff) describes the unconscious image thus: 'It is a structure that proceeds from an intuitive process of organising fantasies, pregenital erotic and affective relations. Fantasy signifies here the olfactory auditory, gustatory, visual, tactile, baresthetic and coenesthetic memorisation of subtle perceptions, weak or intense, experienced as the language of desire of the subject in relation to an other; these perceptions have accompanied the variations of substantial tensions felt in the body, and notably, among these, the sensations of relief and of tension due to vital needs.'

78. See the drawing of the saw by Maeva, Part 1, Chapter 2, p. 121.

79. Otto Rank (1924, p.81-82) wrote: 'The Unconconscious can think of separation, departure, and dying only in terms of the wish-fulfilling regression to the womb, because it knows and can portray no other wish tendency. The reversal tendency... shows further that not the physical sensations alone (position, etc.) but also the apparently higher functions of form, orientation and time are related to the deepest of our unconscious wishes.'

80. One can come across very significant anxieties (about death and depersonalisation) in women whose periods have ceased owing to a hormonal treatment; they feel they no longer have a body or that they have the body and specular image of their mother.

81. B. Cylrulnik (2000, p.64) also writes: 'Anxiety and security are thus the first affects that structure uterine ecology.'

82. The experience related by dancer patients has shed a lot of light for me on this increased sensibility to the perception of forms. Furthermore, researchers (e.g. Hausmann *et al.*, 2001) have observed a significant variation in women of the spatial perception of forms during the menstrual cycle.

83. In his article on 'Negation' Freud (Freud, 1925, p. 238) writes: 'But it is evident that a precondition for the setting-up of reality-testing is that objects shall have been lost which once brought real satisfaction.'

84. 'Disaster' comes from the word 'desire' and designates a 'bad star' in the sense of a natural catastrophe on a grand scale. The adjective 'disastrous' designates 'one who is a victim and cause of the disaster'.

85. The Tree of Life, foundational text of the Cabala.

86. See page 139.

87. Primal fantasies, being universal unconscious fantasies, are linked to the phylogenetic process. Unconscious fantasies, are linked to the Subject's desire and to dreams, to the ontogenetic process.

88. The definition of hypnosis given by the British Medical Association indicates: 'Hypnosis is a temporary state of modified attention in the subject. This phenomenon involves: (1) A change in the state of consciousness and in memory; (2) Increased sensitivity to suggestion; and (3) The appearance in the subject of ideas that are not familiar to him in his usual state of mind.'

89. Since Mesmer and Puységur, hypnosis is defined as a 'magnetic' rapport based on the elective relation of dependency which manifests itself when one obliges someone to hear and see certain perceptions selectively. Cf. Pierre Janet, *L'Automatisme psychologique*, p. 275.

90. The Father is present symbolically for the mother at the stage of fertilization owing to the feeling that her unconscious space has been breached.

91. This corresponds to Stephen Hawking's (1998, p. 47) description of the universe in expansion: 'We shall see later that when one combines general relativity with the uncertainty principle of quantum mechanics, it is possible for both space and time to be finite without any edges or boundaries.'

Chapter 2: PRIMORDIAL NARCISSISM AND PRIMORDIAL MIRRORING

92. Primordial narcissism is situated before birth and primary narcissism just after birth.

93. I am basing myself on thirty years of clinical experience with adults (including pregnant women) and adolescents, though I have rarely worked in a maternity ward and rarely with children.

94. One can find this division of the motor development of the foetus into three periods of three months in Jean-Marie Delussus' work *Le Génie du foetus* (2001, Dunod, Paris, p. 60).

95. Groddeck (1949, p. 32) had already referred to the sensual pleasure of conception as the archaic source of maternal love. See *The Book of the It*.

96. 'Metaphor' signifies 'transport elsewhere', from the Greek *meta pherein*.

97. Father with a capital letter to indicate the mother's father in his archaic dimension.

98. Freud, S. (1925). 'On Negation'. S.E. 19, 239.

99. According to A. R. Damasio (2006, p. 121-2), during orgasm, a hormone oxytocin is manufactured which creates a bond of 'attachment' between the protagonists.

100. Freud (1920, p. 54) writes: 'During the oral stage of organisation of the libido, the act of obtaining erotic mastery over an object coincides with that object's destruction.'

101. See Laplanche, J. and Pontalis, J.B. in *Fantasme originaire, Fantasme des origines, Origines du fantasme*, 1985, Hachette, Paris, p. 12: 'Between the fantasy and the dissociation of consciousness which culminates in the formation of an unconscious psychic core, the rapport is circular: fantasy becomes traumatic when it occurs in a special so-called 'hypnoid' state; but conversely, the fantasy, owing to the fright and shock that it causes, contributes to creating this fundamental state of 'self-hypnosis'.

102. Jean-Pierre Changeux (1999, p. 272) writes: After three and a half days, at the moment when the first movements can be observed, periodical impulsions appear. Then sudden gusts develop... A perfect coincidence exists between the electrical activity recorded and the movements of the embryo. Without ambiguity, embryonic motor activity is nervous in origin'.

103. Freud (1925, p. 237) writes that the function of judgement for testing the reality of the object occurs through the oldest instinctual impulses of incorporation: 'I should like to eat this or I should like to spit it out'.

104. She only notices this after four months (see J. P. Changeux, 2000).

105. For the double', says Freud (1919, p. 235), 'was originally an insurance against the destruction of the ego... the 'double reverses its aspect. From having been an assurance of immortality, it becomes the uncanny harbinger of death.'

106. Term used by Freud in 'The Neuro-Psychoses of Defence' (1894, p. 58): 'There is, however, a much more energetic and successful kind of defence. Here, the ego rejects the incompatible idea together with its affect and behaves as if the idea had never occurred to the ego at all.' The Verwerfung accentuates the active character of the action: etymologically, the roots ver + werf mean 'throw outside'.

107. In *Totem and Taboo* (1913) Freud writes: 'We admit that this tendency to kill exists in the unconscious'.

108. Lacan likened the system of perceptual signs (Wahrnehmungszeichen) to the primitive system of signifiers (see *Le Séminaire VII, L'Éthique de la psychanalyse*, 1986, Seuil, Paris, p. 80.)

109. See Racamier, P.C. (1992, p. 47): 'The schizophrenic feels he is the indispensable complement, the vital fetish and the embodied dream of his mother.'

110. See chapter 1, p. 74.

111. I am referring to the delusion of negation or Cottard's syndrome.

112. We have seen this in certain neurotic patients (Ch. 1, pp. 28-29) and also in cosmonauts (p. 88).

113. These anxieties and sensations remind me of the sense of 'possession' felt by women in voodoo rites in Haiti, or the convulsions of hysterical patients that I had the opportunity of observing at the Salpêtrière Hospital in Paris in the 1970's.

114. See chapter 1, pp. 58-59.

115. G. Groddeck (1949, pp. 6-7) had already remarked that excessive hate towards the mother prevents the continuity and transmission of life.

116. Visible on the site Tamara-landau.net in the annexes pp. 143, 144.

117. A term used in 'Negation' (Freud, 1925), *Aufhebung* means 'suppression', 'dissolution' and is derived from the roots heb = 'lift' or 'grasp, grab hold of'. *Aufhebung* is also the word used by Hegel to express both 'deny, suppress and conserve in reality'.

118. Catherine Millet discusses throughout her book (*La vie sexuelle de Catherine M.*, 2001, Paris, Seuil) the relation between sexual pleasure and space-time (number, space, withdrawn space). She writes: 'I have already let it be understood that, being fearful in social relationships, I made the sexual act a refuge into which I readily dived in order to avoid the embarrassing looks and the verbal exchanges.'

119. Reference to the mother's mother in her archaic dimension.

120. Monique Bydlowski expresses this in her article 'Une détresse maternelle' in *États de détresse*, 1999, PUF, Paris.

121. A process which Freud (1919, p. 234) describes with regard to the constitution of the Ego as the primal double: '... the one possesses knowledge, feelings and experience in common with the other. Or ... the subject identifies himself with someone else, so that he is in doubt as to which his self is, or substitutes the extraneous self for his own. In other words there is a doubling, dividing and interchanging of the self. And finally there is the constant recurrence of the same thing—the repetition of the same

features or character-traits or vicissitudes, of the same crimes, or even the same names through several consecutive generations.'

122. B. Cylrulnik (2000, p. 62) has also noted a biological defusion which occurs in the mother-child osmosis at the end of the pregnancy.

123. The newborn's nervous system is capable of integrating and retaining traces of painful stimulations which can modify the whole relation with the other thereafter. (Daniel Annequin, Nov 2000, *La Recherche*).

124. See page 72.

125. Term used by Freud in the Outline, Ch VIII, 'The Psychological Apparatus and the External World'. What differentiates the denial of negation is that it occurs in the time of consciousness.

126. Corinne's drawing might well throw light on the impression astronauts have in weightless flight of moving around upside down (linked to the conscious fusional schema).

127. See p. 96.

128. It is conceivable that the mother's anxiety is so intense that it induces motor agitation in the foetus which leads the latter to strangle itself with the umbilical cord.

129. G. Devroede (2002), Professor of colorectal surgery in Quebec, also provides us with many examples of severe colorectal illnesses and stubborn constipations which can be connected with a fixation to primal fantasies and to the sense of belonging to the incestuous fusional body of this stage of the primordial Mirror. Devroede mentions, for instance, the case of a female patient who defecated once every two months and who got better suddenly when her father died, and he had raped her at the age of sixteen. In my clinical practice, I also observe that, for the majority of children who have suffered incest, becoming aware of the fact that they do not belong to the body of their parents is intolerable and dangerous. To maintain the sense of being 'human' and to submit themselves to the Law, they are, in a way, obliged to remain enclaved for their whole life.

Chapter 3: CHILD BIRTH AND PRIMITIVE CASTRATION

130. Freud writes in 'A case of hypnotic treatment': 'A first confinement (*Entbindung*) is, after all, the greatest shock to which the female organism is subject'. (S.E. 1, p. 123).

131. 'Transparency' in a pregnant woman (caused, as we shall see, by the failure of primal repression) is a state of permeability which allows her to accede more easily to primal fantasies through anxieties, impressions, and

above all, dreams (see p. 130). This concept is also used by M. Bydlowski in *La Dette de vie, ibid.*

132. Freud, S. (1926). *Inhibitions, Symptoms and Anxiety*, S.E.20, p.126-7.

133. Etymologically, the word 'zero' comes from the Arab word *cifr* which designates the 'void'.

134. This annihilation of the fusional space-time is also provoked by the total collapse of the whole hormonal production secreted during the pregnancy.

135. As we have seen (p.53), according to Einstein's restricted and general theory of relativity, each phenomenon generates its space and time. Either two successive phenomena, even if very close, are independent, and there is an absence of time in the intervals, or a single phenomenon transforms itself and generates a single time. (cf. A. Adde, *Sur la nature du temps*, 1988, PUF, Paris, p.47).

136. After the experience of pregnancy, when women are bloated, they often have the impression that they have got a child in their tummy again.

137. 'Anaclitic', etymologically speaking, means 'leaning on'.

138. See Freud's remarks in 'Mourning and Melancholia': 'Thus the shadow of the object fell upon the ego, and the latter could henceforth be judged by a special agency, as though it were an object, the forsaken object' (1917, p.249).

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140. See O. Rank (1924), *The Trauma of Birth, ibid.*

141. See the photos of the clay models on the site tamara-landau.net in the annex section, pp.161-163

142. See p.38.

143. For example 'habituation', the simplest learning process in the foetus (after 23 weeks), establishes itself first in little girls. See Michel Duyne, *L'Intelligence avant la parole*, 1998, ESF, Paris.

144. Clinical experience has shown me that perception of the sex of the child occurs very early and that mothers 'cling' more to girls. This perception can be denied by the intensity of the mother's unconscious desire, a negation that will be the source of the intensity of the child's primordial identification with the 'hermaphroditic' body of the primordial Mother.

145. Chapter 1, pp.70.

146. *La Folie des mères, op. cit.*

147. Clinical illustration given by M. Benhaïm in *La Folie des mères, ibid.*, p.114. During her research, she has never encountered infanticidal adoptive mothers, only biological mothers. This observation confirms that maternal murderous savagery is of phylogenetic origin, and linked to the mother's primitive impulses. Sterility and adoption may thus be regarded as means for enclaved women to protect themselves from the primordial murderous rapport. We often see, moreover, that after an adoption, a woman is able to elaborate this rapport and become a mother in turn.

148. See Chapter 1, p.70.

149. See the three phases of the primordial Mirror, p.151.

150. One may suppose that the child integrates a lot of information about its mother's state via the amniotic liquid.

151. Winnicott writes: 'I contend that the clinical fear of breakdown is the fear of a breakdown that has already been experienced'. ('The fear of breakdown', *International Review of Psycho-Analysis*, 1: 103-107, 1974).

152. See Sylviane, p.87.

153. Patients whose mothers had a marked melancholic core are often very attached to domestic animals which replace the transitional object.

154. In *L'Ensorcellement du monde, ibid.*, p.135, Cyrulnik talks about disorders observed by vets in connection with 'replacement' dogs. When the owner has not come to terms with the death of his previous dog, the 'replacement' dog suffers from behaviour disorders and skin diseases. As the skin is the most sensitive receptor to disturbances of bio-emotional interaction, the dog scratches himself often to the point of having an infection.

155. As S. Tisseron writes in 'Le dessein du dessin : geste graphique et processus de deuil' in *Art et Fantasme* (1984, pp. 67-91): 'The separation of the gesture à the trace (that is, the moment when a mark is left) concerns the rupture of dual unity. The particularity of the pleasure taken in the mark is one of being able to make the object emerge at any moment so as to ensure its presence and to allow separation from it... The trace is evidence of the imprint left by the rupture of the dual unity.'

Chapter 4: NARCISSISM AND PRIMARY MIRRORING

156. Remember the sculpture 'Fusion 2' by Voledda, p.81.

157. It is important to recall that, at the neurophysiological level, one cannot distinguish between the memory of perception and that of action. In a way, imagining an action is no different from carrying out this action, from having already carried it out, and from seeing it carried out by someone else.

We can understand better the complexity of the process of subjectivation, that is, differentiating oneself from the other, identifying what one feels in the interaction, and also being the Subject who has the unconscious and preconscious intentionality of the action being carried out.

158. The unconscious is structured like a language', Lacan said.

159. J.-P. Changeux (1999, p. 298) makes the following comment: 'The acquisition of language is accompanied by a loss of perceptual capacities. These still very limited findings are to be interpreted quite simply in terms of the schema of selective stabilization.'

160. See Figure 1, p. 45.

161. See p. 42.

162. Françoise Dolto develops these ideas in her book *L'Image inconsciente du corps*, trans., *The Unconscious Body Image*, *ibid*.

163. Dissociation occurs at an unconscious level, whereas splitting occurs in conscious time.

164. I consider that primary narcissism organizes itself for the child after birth, whereas primordial narcissism establishes itself as early as intra-uterine life.

165. See pp. 178-179.

166. As we saw happened with Madame B. and her son Moïse, p. 172.

167. See pp. 187-188.

168. Freud, S. (1931) 'Female Sexuality'. *S.E. 21*: 225-243.

169. Freud also speaks about this in *Inhibitions, Symptoms and Anxiety*, *S.E. 20*, p. 105.

170. According to the hypotheses of A.R. Damasio, during childbirth, a chemical substance (oxytocin) is manufactured which creates bonding between the father, the mother and the child. We have also seen that oxytocin is produced during orgasm.

171. According to recent research (Winne-Edwards, 2000), towards the end of the pregnancy, hormonal modifications take place in the biological father linked to the wife's pregnancy.

172. See the case of Sylviane, p. 87.

173. This takes us back to Fig I, p. 45, and to the experiments with Kitsou Dubois.

174. This process is the system of inertial navigation discovered by Bérítóff in 1965 (cited by Berthoz in *Le Sens du mouvement*, *ibid*).

175. The concept of the parents' fusional ego is akin to the concept of combined parents, developed by Melanie Klein.

176. 'This oral castration of the mother implies that she is capable of communicating with her child in other ways than by feeding him, by taking his excrement from him and by devouring him with kisses and caresses: by words and gestures, which are language' (Dolto, 1984, p. 99).

177. See p. 153.

178. At the Goustaue Roussy Institute (Villejuif, France) doctors have created a grid called DEGR (Douleur Enfant Gustave Roussy). Immense pain and sadness are expressed in the infant by psychomotor atony.

179. In describing this phenomenon, I privilege the mother because the imprint is much stronger; but we should not forget that the father is involved from the outset in the same process of primordial mimetic identification.

180. See p. 191.

181. F. Tustin (1990) speaks about this in *The Protective Shell in Children and Adults*.

182. 'Anal castration is only possible, in a symbologenic way that makes the child industrious, when there is a motor identification with the whole object represented by each of the parents and elder siblings in his intentional motricity is observable by the child' (Dolto, 1984, p. 110).

183. See p. 164.

184. She writes (1996, p. 39): 'In the register of illusion, the patient temporarily and 'without believing in it' adopts the discourse of femininity in his relation to the other and questions the unconscious sexual identity of the carers. This disturbance indicates both that subjective identity has been affected... and that the subject is in touch with the feminine in him to an extent that has never been achieved before.'

185. I have noticed that transsexual patients often dreamed about themselves in the feminine: thus, a small transsexual boy, aged 4, always referred to himself with a feminine name, dreamed about himself and drew himself as a girl.

186. Freud based the notion of psychic conflict on to opposing wish-fulfillments, both of which have their source in a different psychic system.

187. We have seen (pp. 205-206) that the paternal grandmother and the father are equally constitutive of the primordial Other.

Part Three

Chapter 1: PERMANENCE OR "LIQUIDATION" OF THE PRIMORDIAL TRANSFERENCE

188. 'Liquidation' was introduced into French psychoanalysis by Lagache as a translation of the German term *Aufhebung* or *Auflösung*, which in the Standard Edition is rendered by "resolution" (1912a: 118) or "removal" (1912b: 105) respectively.

189. 'Naturally' needs to be taken with caution: the difficulties of enclaved children are provoked precisely by the fact that, as they do not exist and are not visible for their mothers, the latter cannot inscribe them in conscious interaction and time. Often, moreover, they speak to the child as if he were an adult, as if they were speaking to themselves.

190. When children begin writing, they often bite their forearms in play, both to see the imprint of their teeth and to assure themselves of the reality of their new teeth (which replace their primitive phallus), but perhaps also to integrate their forearms in conscious time. Moreover, they call this imprint 'a watch'.

191. Lacan puts forward the concept of *invidia* in the *Four Fundamental Concepts of Psycho-Analysis* (1977, p. 115-116). He differentiates fraternal jealousy from *invidia*, a word that comes from *videre* (to see), which occurs when the child is not yet subjectivized and sees in the other 'the image of a completeness closed upon itself'.

192. J. Guir takes as an example of a holophrase the word *Westminster* referring to 'Où est ce mystère', in *Psychosomatique et Cancer*, 1983, Point Hors Ligne, Paris.

193. For Freud, according to J. Laplanche and J.B. Pontalis (1973, pp. 447-8), 'the preconscious-conscious system is characterized by the fact that thing-presentations therein are bound to the corresponding word-presentations – a situation which does not exist, by contrast, in the unconscious system, where only thing-presentations are found'.

194. Translator's note: expression meaning 'to put someone in the picture, to fill someone in, or to inform'.

195. J. Lacan saw the allusive statement as a sign of psychosis: see 'Le Séminaire', Livre III, *Les Psychoses*, 1981, Seuil, Paris, p. 63.

196. Poets write metaphors which are images that transmit the invisible. Already in Ancient Greece, it was considered that poets were made blind by the gods so that they could perceive beyond the sensible with an *epopteia* (higher vision).

197. See p. 55

198. See p. 69.

199. See pp. 200-201.

200. Translator's note: in French 'broyer du noir'. There is a play on words here since a 'grinding machine' is a *machine à broyer*.

201. Lichen is a skin disease. The word, which also refers to a plant which clings to trees, comes from the Latin *lichen* borrowed from the Greek *leikhen* which means 'to lick': 'the disease like the plant seems to lick its support' (Le Robert dictionary).

202. Letter from Abraham to Freud dated March 30, 1922, in *Karl Abraham-Sigmund Freud, Correspondence*, 1969, Gallimard, Paris.

203. This is how she describes the dream of the exquisite corpse: 'I am being accused. I have committed a terrible crime: I ate someone, then I buried them. I am at the site of the crime, accompanied by someone who has the task of disinterring and examining the bits and who is accusing me. I don't know who the person is who was eaten and buried. I only know that I committed this crime and that I will have to spend my whole life in prison' (Torok 1987, p. 247).

204. Maria Torok also speaks about this in *L'Écorce et le noyau, ibid.*, p. 249.

205. See pp. 106-107.

206. See Part Two: Chapter 1, note 64.

207. In French there is a play on the words *père* (father) and *fusion*: *pèr(e)fusion*.

208. In Hebrew there is an archaic root of two letters BR (bet and rech) which means 'cut', that is present in the word 'create' (*livrot*) and in the word 'alliance' (*brit*). In the Jewish religion, circumcision is called *brit milla*, and it is only after the circumcision that the child is named. The word *brit* means 'alliance' and the word *milla* 'foreskin' and 'speech'. The alliance and speech can only appear after a cut. The French expression 'sceller un accord' is expressed in Hebrew by *likrot brit*, which corresponds to the English expression 'to cut a deal'.

209. Lacan, 'Le Séminaire', Livre VIII, *Le Transfert*, 1991, Seuil, Paris.

210. As Freud (1937, p. 260) says: '...for the archaeologist the reconstruction is the aim and end of his endeavours while for analysis the construction is only a preliminary labour.'

211. See p. 205ff.

212. Translator's note: neologism derived from the verb 'cliver' (to cleave).

213. M. Torok (1987, p. 247) speaks of this 'exquisite pain' when the object dies: 'Now, we know that when the object dies, desire is satisfied for an instant through hallucinatory regression. The pain linked to the work of mourning, which is very intense in cases of fixation, concerns this precise moment... It is truly an 'exquisite pain' in the medical sense of the term (not

only because it is linked to desire but because it designates the precise place where it is necessary to intervene in order to unearth the repressed.

Conclusion

214. In Freud's dream, cited in the letter addressed to Fliess on November 22, 1896 (Masson, 1895), this sign was displayed at the barbershop which Freud visited before his father's burial. Freud explains this dream by saying that the survivor should do his 'duty' to the dead: closing his eyes in front of his mirror image in order to be pardoned for still being alive.

Tamara Landau

The Impossible Birth or The Enclaved Child

Being able to live only in the shadow or desire of others, feeling the need to remain hidden, to be invisible, not even being able to bear to expose one's body to public view, having the feeling of not being present in the world, or the conviction of being nothing. All these conditions represent genuine forms of suffering for many individuals. According to Tamara Landau, this set of problems relating to identity and self-image stems from a forgotten original experience: that of a difficult, or even impossible, birth.

Having identified the pathology of the enclaved child in many patients (particularly through their drawings and sculptures), the author builds a bridge between psychoanalysis and neuroscience, tracing the different stages in the evolution of the mother-child bond, from intrauterine life to early childhood, both biologically and in terms of fantasies. The fantasies of 'one life for two' and 'one body for two', which can be observed in many behaviours, reveal the unconscious and highly damaging persistence of this fusional relationship.

With a particular focus on phobias and anxiety neuroses, in this compelling book Tamara Landau brings to light the archaic roots of many of these symptoms through the analysis of clinical cases, profoundly renewing our vision of motherhood and the earliest moments of life.

Tamara Landau is a psychoanalyst and sculptor. She is a founder of the Société de psychanalyse freudienne (SPF, Paris) and of the MnemoArt research group. She has already published, with Éditions Imago, *Accoucher ou faire naître* ('Delivering and Giving Birth', 2019) and *Les Funambules de l'oubli, Origines de l'anorexie et de la boulimie* ('The Tightrope Walkers of Oblivion - The Origins of Anorexia and Bulimia', 2012).

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